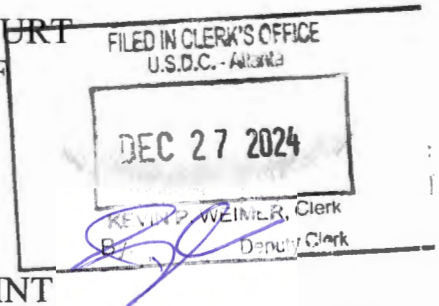


IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF  
GEORGIA ATLANTA DIVISION



DWIGHT SMITH, CATHERINE  
SMITH and BRYANT SMITH,

PLAINTIFFS,

v.

AMH 2014-1 BORROWER, LLC  
AMERICAN HOMES 4 RENT  
AMERICAN HOMES 4 RENT, LP.  
AH4R MANAGEMENT - GA, LLC  
DEFENDANTS

COMPLAINT

CIVIL ACTION FILE  
NO. 24-CV-5965

**JURISDICITON AND VENUE**

1. This Court has subject matter jurisdiction of the federal claim asserted in this action under 28 U.S.C. § 1331 because the action arises under the laws of the United States, including the Fair Housing Act, 42 U.S.C. § 3601 et seq..
2. This Court has supplemental jurisdiction over the State of Georgia's claims for violations pursuant to 28 U.S.C. § 1367(a).
3. This Court has jurisdiction over Defendants because it is a corporation and/or subsidiaries are authorized to do business in Georgia, does sufficient business in Georgia, has sufficient minimum contacts with Georgia, and intentionally avails

itself of the markets within Georgia through the promotion, sale, marketing, and leasing its homes in Georgia to render the exercise of jurisdiction by this Court appropriate.

4. Under 28 U.S.C. § 1391(b), venue is proper in the Northern District of Georgia because all events and omissions giving rise to Plaintiffs' claims occurred in this District and all parties reside in this District.

5. Plaintiffs' claims for declaratory and injunctive relief are authorized by 28 U.S.C. §§ 2201, 2202 and 1343, and by Rules 57 and 65 of the Federal Rules of Civil Procedure.

### **PARTIES**

6. Plaintiff Dwight Smith is an individual who is a resident of Fulton County, State of Georgia.

7. Plaintiff Catherine Smith is an individual who is a resident of Fulton County, State of Georgia.

8. Plaintiff Bryant Smith is an individual who is a resident of Fulton County, State of Georgia.

9. Defendant AMERICAN HOMES 4 RENT is the parent company who owns DEFENANTS. Their principal place of business is located at 280 Pilot Road Las Vegas, Nevada 89119.

10. Defendant AMERICAN HOMES 4 RENT, LP. is the operating general partner for AMERICAN HOMES 4 RENT. AMERICAN HOMES 4 RENT LP is owned by AMERICAN HOMES 4 RENT.

11. AMH 2014-1 BORROWER, LLC is a wholly owned subsidiary of AMERICAN HOMES 4 RENT L.P.

12. AH4R MANAGEMENT - GA, LLC is a wholly owned subsidiary of AMERICAN HOMES RENT L.P.

13. The term DEFENDANTS herein this complaint shall mean AMH 2014-1 BORROWER, LLC, AH4R MANAGEMENT - GA, LLC, AMERICAN HOMES 4 RENT, L.P., AMERICAN HOMES 4 RENT

### **FACTS**

14. Plaintiffs rented the property from AMH 2014-1 BORROWER, LLC since July 2019. This was the third lease agreement with AMH 2014-1 Borrower, LLC when notified by Defendants attorney O'kelley and Sorohan, Attorney at Law, the lease agreement had been broken by issuing a Notice to Vacate letter on March 4, 2021, and filing for Eviction on 4/2/2021 with Fulton County Magistrate Court. (Exhibit 2)

15. The lease agreement effective dates were from January 9, 2021, to January 9, 2022.

16. Plaintiffs performed all conditions, covenants, and promises required on its part to be performed in accordance with the terms of lease agreement.

17. Dwight Smith was diagnosed with Crohn's. He was hospitalized for 7 days in 2017. During the hospital visit his blood loss was significant because of Crohn's and an infection which was treated with antibiotics and steroids and other medications. Dwight Smith was also hospitalized on December 2021 and May 2019 because of his disability. (Exhibit 1 and 2 )

18. On March 3, 2021 Dwight Smith underwent a Surgery for Perianal Disease regarding a complex fistula and drain the infected tracks. Dr. Armstrong performed two prior Anal Fistula surgeries which failed around October 2019 and July 2020. (Exhibit 1 and 2 )

19. Following each surgery Dwight Smith experienced symptoms which included diarrhea, watery stools, nausea, weight loss. In addition to the foregoing, the complex anal fistula track would become inflamed from fecal matters. There was a great effort to keep the area clean by sitting in sitz bath 4 to 8 times per day. There was also drainage, pus and blood. Due to the complexity of the horseshoe anal fistula and the underlying Crohn's disease of the intestine. Dwight Smith had to take extra precautions because of infection and sepsis. Dwight Smith had a prior record of hospitalization from infections and flare ups from Crohn's and Perianal Disease. Dwight Smith pursued treatment with various doctors to reduce the symptoms through the use of Steroids, Antibiotics, other medications, Rest and Diet.

20. Following the March Surgery Dwight Smith set up an emergency appointment two days later with Dr. Armstrong because of infection.



21. He set an appointment set an emergency visit with the Doctor 2 days later out of concern for infection to avoid hospitalization. Despite the antibiotics, Dwight continues to have and persistent swelling in the complex fistula area. Dwight Smith was experiencing diarrhea and watery stool at that time.

22. On March 5<sup>th</sup>, 2021, a Notice to Vacate was issued by Defendants. Dwight Smith spoke with the Defendants attorney. Dwight Smith told the attorney they had made 911 calls and he needed an accommodation because of his disability and recent surgery along with the ongoing Crohn's disease.

23. Taking care of the Fistula required lots of care in addition to Crohn's and other persistent conditions such as watery stool, diarrhea, constipation, abdominal pain, nausea and vomiting.

24. Around March 20, 2011, Dwight Smith asked for formal accommodation because Dwight Smith he was having major inflammation in the Fistula area from the surgery. There are multiple tracks on both side of the anus, and with drainage.

25. Diarrhea and fecal matters flow into the tracks on the Fistula each time I went to the bathroom. Therefore, I had to sit in water after each bathroom visit which involved fecal matters. In addition to caring for the wound by sitting in Sitz Bath during the day and evening to reduce inflammation from the infections. Due to the history of history with Crohn's and the underlying conditions, an infection was already being triggered by the Fistula but also my autoimmune system disease.

26. At the time of the request, the written accommodation was needed because after

taking the antibiotics and a bout of steroid. The fistula still was infected, and did not get better. It was a stubborn complex fistula track with multiple opening which allowed fecal matters to penetrate. Lots of care was needed. Constantly sitting in water for 15-10 minutes 3 times a day in addition to after bowel movements.

27. In addition to managing a major Flare up that started after the surgery and continue into April with the combination from the Surgery and the Fistula. While there was minor relief in between, I started to lose significant weight.

28. Participating in life activities were difficult from not being able to exercise except for walking, abdominal pain and nausea from taking the medication. There was also a great deal of mental frustration from dealing with an autoimmune disease that could hospitalize me at any time.

29. During the healing period, lifting moderate weight household items could damage or strain the Fistula area, so I tried to be live moderately. Moving at the time would cause the area to strain and get inflamed and worsen the conditions.

30. In addition to Life Major Activities such as constant diet to manage the autoimmune disease while having a rigid diet requirements. My marriage life and intimacy also became strained over the Surgery and worries about how my wife would view me and the burden that was imposed on the family from the autoimmune disease.

31. The accommodation request of 60 days was reasonable, which would allow 4-8 weeks for the complex horseshoe Fistula to improve and persistent Crohn's and the

risk of infection from diarrhea and loose watery. My Life, Health and Safety was being put at risk to be hospitalized and not take care of the ongoing symptom of Diarrhea, nausea from medication, watery stools, and abdominal pain<sup>1</sup>(Exhibit 5)

32. On March 20, 2021, PLAINTIFFS Notified DEFENDANTS attorney with a Reasonable Accommodation Disability Request notice. DEFENDANTS instructed it's Attorney Okelley & Sorohan to send a Notice to Vacate letter the following Business Day. Defendants failed to accommodate the disability request with malice, oppression, and fraud and used it powers as landlord to oppress the Plaintiffs.

33. On March 28, 2021, PLAINTIFF Dwight Smith made a follow up call with Defendant employee to inquire if Okelley & Sorohan received his notification to work out an amicable agreement with his reasonable accommodations request notice to move out and secure another home. The same day DEFENDANTS attorney was instructed by Defendants to send a Notice to Vacate letter by email, one hour later.

Plaintiffs have established evidence of Retaliation because of disability and testifying before police because of Life, Health and Safety<sup>2</sup>

34. On April 1, 2021, PLAINTIFFS sent Defendants' attorney Okelley & Sorohan a

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<sup>1</sup> Direct evidence of Discriminatory intent because defendants refused to respond to the Plaintiffs reasonable accommodate request by altering the rules policies and procedures in the Property Management Agreement which was a part of the Plaintiffs lease agreement.

<sup>2</sup> Plaintiffs have established evidence of Retaliation because of disability and testifying before police because of Life, Health and Safety

police body Cam of a neighbor pulling a gun, making rifle threats, and other irrational and untrue statements. On April 2, 2021 the "following day" DEFENDANT AMH 2014-1 BORROWER, LLC filed for Eviction in the Magistrate Court of Fulton County. Discriminatory intent can be established by the temporal link. Plaintiffs' were evicted because of making the reasonable accommodation. Swanson v. Gen. Servs. Admin. , 110 F.3d 1180, 1188 (5th Cir. 1997) ("Close timing between an employee's protected activity and an adverse action against him may provide the 'causal connection' required to make out a prima facie case of retaliation [under Title VII.>"). The trigger event for filing the eviction was sending the police body cam and testify before a police officer. 42 U.S.C. § 3617 makes it "unlawful to coerce, intimidate, threaten, or interfere with any person in the exercise or enjoyment of any right separately protected by the FHA. 42 U.S.C. § 3617 ; see also Evans v. Tubbe , 657 F.2d 661, 663 n.3 (5th Cir.1981). Bhogaita v. Altamonte Heights Condo. Ass'n, Inc., 765 F.3d 1277, 1285 (11thCir. 2014)

35. A plaintiff must demonstrate that "(1) he engaged in an activity that [the FHA] protects; (2) he was subjected to an adverse [action by the defendant]; and (3) a causal connection exists between the protected activity and the adverse ... action." Cox v. Phase III, Invs. , No. H-12-3500, 2013 WL 3110218, at \*10 (S.D. Tex. June 14, 2013).

36. Importantly, a finding of discrimination is not necessary for a finding of retaliation; in other words, a retaliation claim may survive even if there is no



plausible discrimination claim. also Oxford House v. City of Baton Rouge , 932 F. Supp. 2d 683, 701 (M.D. La. 2013) (Bhogaita v. Altamonte Heights Condo. Ass'n, Inc., 765 F.3d 1277, 1285 (11th Cir. 2014).

37. On April 2, 2021 the following day DEFENDANT AMH 2014-1 BORROWER, LLC filed for Eviction in the Magistrate Court of Fulton County and posted the eviction notice on the PLAINTIFFS' Front Door, immediately after receiving information the neighbors were the Nuisance which included gun threats, stalking, harassment, disorderly conduct, and criminal trespass.

38. On April 2, 2021, DEFENDANTS' MANAGEMENT - GA, LLC. removed tenant access to making rental payments. PLAINTIFFS notified DEFENDANTS agent or employees and It's attorney Okelly & Sorohan to allow them to make payments. DEFENDANTS refused to accept PLAINTIFFS' rental payments.

39. The Defendants have an established policy of responding to all written notices involving similarly situated tenants. B) Defendants have responded to 100% of complaints made by similarly situated individuals (tenants) on the Better Business Bureau website. <https://www.bbb.org/us/nv/las-vegas/profile/property-management/american-homes-4-rent-1086-90016239/complaints>. Last vested [4/16/2024](#).<sup>3</sup>

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<sup>3</sup> Plaintiffs have provide evidence of Discriminatory Intent Because Defendant Altered their Policies, Procedures, Because of Disability



40. Defendants were authorized to respond to all notices according to the “Property Management Agreement” . The “Property Management Agreement” *is part of the lease agreement*. The Property Management Agreement states the following: *Under Section 3.13 of the Property Management Agreement - Resident Complaints Requests:*

The property manager shall maintain ““commercially reasonable relationships with tenants”, *log in and respond timely to all tenant complaints and requests for services*, and maintain records showing the actions) taken with respect to each complaint and request.

To Establish a Prima Facies case When proceeding under McDonnell Douglas, the plaintiff bears the initial burden of establishing a prima facie case of discrimination by showing (1) that he belongs to a protected class, (2) that he was subjected to an adverse employment action, (3) that he was qualified to perform the job in question, and (4) that her employer treated “similarly situated” employees outside her class more favorably. See, e.g., *Holifield v. Reno*, 115 F.3d 1555, 1561–62 (11th Cir. 1997) (citing *McDonnell Douglas*, 411 U.S. at 802, 93 S.Ct. 1817). If the plaintiff succeeds in making out a prima facie case, the burden shifts to the defendant to articulate a legitimate, nondiscriminatory reason for its actions. *Tex. Dep’t of Cmty. Affairs v. Burdine*, 450 U.S. 248, 253, 101 S.Ct. 1089, 67 L.Ed.2d 207 (1981) *Jacqueline Lewis v. City of Union City, Georgia*, 934 F.3d 1169 (11th Cir. 2019)

41. The Plaintiffs have identified Similarly Situated Comparators traceable to Defendants.

42. The Plaintiffs have also identified Direct Evidence showing the Defendants treated the Plaintiffs differently based on the Policy within the context of the Property Management Agreement to respond to all notice. Plaintiffs were treated differently

43. On April 19, 2021, PLAINTIFFS Sent DEFENDANTS agent or employee it’s attorney Okelley & Sorohan an Email Notice of a neighbor making false statement which led to an incident with City of Johns Creek Police. This led to a standoff with

police in which PLAINTIFFS house was surrounded by the City of Johns Creek Police Department. No arrest was made and no charges filed. The Officer Supervisor admitted to error by The City of Johns Creek Police Department. The Plaintiffs were assaulted with weapons, false imprisoned, falsely arrest by the City of Johns Creek. (Exhibit 7 and 8)

44. DEFENDANTS interfered with the Plaintiffs' housing rights by retaliating and sending out an email alleging the Plaintiffs were the safety issue to the neighbors to discourage the Plaintiffs from engaging in protected activity. This was the second incident after being assaulted by a neighbor with a gun (Exhibit 6 )

45. DEFENDANTS through it's attorney continued to pursue the eviction by sending an email again to PLAINTIFFS Eviction Attorney, falsely accusing the PLAINTIFFS of being a nuisance and breached the lease agreement. (Exhibit 6 )

46. On April 19, 2021, Defendant Agent or Employee called 911 and falsely stated the PLAINTIFFS' are a safety issue for the neighbors. The phone call was not true and DEFENDANTS continued to pursue a constructive eviction through intimidation, coercion, and harassment tactics.

47. On April 20, Plaintiffs reported to the City of Johns Creek began an investigation based on false allegations that the Plaintiff Catherine Smith violated a restraining order by the neighbors'. The City of Johns Creek Police Department cleared Plaintiff Catherine Smith of false allegations. Plaintiffs notified Defendants, in which Defendant failed to document the incident, report the incident to management and

take substantive action to manage the property and incidents related to safety.

48. On or around August 2021, PLAINTIFFS sent \$7800 payment in August 2021 to DEFENDANTS AMERICAN HOMES 4 RENT SFR, LP. The payment was returned to the PLAINTIFFS from AMERICAN HOMES 4 RENT LP with a letter stating the property manager rejected the payment.

49. September 30, 2021, Defendants retaliated because of Plaintiffs disability, because Plaintiffs sent Defendants an email notice Dwight Smith was hospitalized for 3 days. The hospitalization for Crohn's disease which included a blood transfusion. The following day October 1, 2021, DEFENDANTS instructed it's attorney to file for expedited emergency eviction (Doc 22, Pg. 13). Swanson v. Gen. Servs. Admin., 110 F.3d 1180, 1188 (5th Cir. 1997) ("Close timing between an employee's protected activity and an adverse action against him may provide the 'causal connection' required to make out a prima facie case of retaliation [under Title VII].") (Exhibit 9)

50. February 22, 2022, DEFENDANTS continued to pursue the eviction with Attorney O'Kelly and Sorohan in the Magistrate Court of Fulton County. Three neighbors showed up to the eviction hearing to influence the outcome of the eviction hearing.

Interference with Judicial Proceedings to Thwart  
Plaintiffs' Right to Participate in Lawful Appeals  
by Threat Intimidation and Coersion

51. Plaintiffs have opposed the Actions, Conduct, Practices, and Policies violated the Defendants.

52. As an initial matter, On or Around December 2022, Defendants filed a Second Notice to Vacate to - coerce, intimidate, threatens, harass - during the Pendency of the eviction case which was being appealed with the Eleventh Circuit Court of Appeals on 6/22/22 (*AMH 2014-1 Borrower, LLC ISAOA v. Catherine Smith, et al Case # 22-12168*) (*Exhibit 2*)

53. The “Second Notice to Vacate” *threatened* to open a new eviction proceeding during the Pendency of the Appeal with the Eleventh Circuit Court of Appeal. Filing a new eviction proceeding would threatened the Plaintiffs with being homeless.

54. The Second Notice to Vacate issued on [Face of Notice] contained the following:

[NOTICE OF TERMINATION OF MONTH-TO-MONTH TENANCY AND SIXTY (60) DAY NOTICE TO VACATE, OR BY TUESDAY, FEBRUARY 28, 2023.

Re: Demand for Possession of Property at....30097

[If] at the end of the thirty-day time frame, or by 11:59 p.m. on February 28, 2023, you fail or refuse to vacate the Premises, the Landlord will demand immediate possession of the Premises and an [eviction action] will be commenced seeking possession of the Premises against you for wrongful holdover, to also include, but not limited to, seeking any current arrears, reasonable attorney’s fees, and litigation costs.]

55. The Plaintiffs were participating in two cases at that time. *Smith et al v. AMH 2014-1 Borrower, LLC et al Case #1:22-cv-00805-SEG ... Filed 2/24/2022* and *AMH 2014-1 Borrower, LLC ISAOA v. Catherine Smith, et al Case # 22-12168 Filed 2/8/2022*. Plaintiffs allege the interference, threat, coercion and intimidation was because the Plaintiffs were Participating in exercising their fair housing rights by filing the *Notice of Removal* on the Eviction case *AMH 2014-1 Borrower, LLC*



*ISAOA v. Catherine Smith, et al Case # 22-12168 Filed 2/8/2022* which was removed to the *Eleventh Circuit Court of Appeals* on 6/22/2022.

56. Defendants believed they had the right during the pendency of the Appeal of the Eviction Case to the Eleventh Circuit court of appeals to interfere, coerce, harass and intimidate the Plaintiffs. Dwight Smith disability was having a hard time with his disability at that time. He was have chronic intestine inflammation along with other symptom's from multiple surgeries.

57. On 5/18/23, Defendant AMH 2014-1 BORROWER, LLC published micro aggression statement during a response to the Eleventh Circuit Court of Appeals on the pending Eviction Case, discriminatory and threatening statements. (".... the lease ended in January of 2022, and a sixty (60) day notice to terminate was given in January of 2023. Appellants, published the following - Plaintiffs refuse to move and are hoping that this appeal will linger in the halls of the Eleventh Circuit for a long, long time so they can keep living rent-free. The intimidation, coercion, and harassment is linked to interference with the appealed eviction case. Defendants also continued to publish false statements even though there was no evidence of criminal activity. Defendants false stated there was criminal activity at the property on multiple statement which defendant knew was incorrect and false.

58. On 7/11/2023, Defendants sent an employee or agent to the Plaintiffs property to "Demand" a move out date. Plaintiff sent Defendants' attorney an email on 7/11/23



and 7/17/23 with "Video Proof". The agent or employee stated ("I am from American Homes 4 Rent they have us coming by to find out do you know when you will be moving ... leaving the property." (Plaintiff Dwight Smith) I told him to contact their attorney. Defendants did not respond to the email. Plaintiffs contacted the leasing office and spoke with a manager who confirmed the adverse strong-arm policy. (Id )

59. On September 1, 2023. Defendant filed a Motion to Compel. The Motion to Compel was filed with the Northern District of Georgia, even though, the case was still with the Eleventh Circuit Court of Appeals. The District Court cited the case as interference on 10/26/2023, ruling that the *Motion to Compel was filed during the Pendency of the Appeal Case*. (Exhibit 11). The filing was (1) objectively baseless, and (2) filed with a subjective unlawful motive to abuse process and retaliate against the Plaintiffs. See Prof'l Real Estate Investors, Inc. v. Columbia Pictures Indus., Inc., 508 U.S. 49, 60 (1993). *Defendants were aware the Case was with the Eleventh Circuit Court of Appeals*. Despite that knowledge, knowingly intended to abuse the Plaintiffs by intimation, coercion, and harassment to abandon exercising their Fair Housing Rights, Protected by the Fair Housing Act.

60. On September 15, 2023 and on 12/10/2023, Defendants filed for Eviction by making reference to the *Second Notice to Vacate*. Although the Appeal Eviction case was dismissed on 9/15/2023 from the Appeals Court. Defendants referred to the threat made in the Second Notice to Vacate that they would file for Eviction

during the *Pendency of the Appeal*. Defendants noted that the month-to-month tenancy ended on 2/28/2023 which was during the Pendency of the Appeal Eviction Case. This document was used as the initial threat to intimidate, coerce, threaten, and harass during the around 12/28/2022. Now Defendants are using the same information on the Second Notice to Vacate as the basis for Filing the Eviction as of 12/10/2023.

61. The updated eviction filing with the Magistrate Court of Fulton County demonstrates that Defendants were subjectively motivated to interfere with the Eviction Appeals Case. The Objective intention is now being displayed by them referring to the threat made during the Pendency of the case on two separate filing with the Magistrate Court of Fulton County. On both filings, they refer to the Second Notice to Vacate filed 12/28/2022.

62. Plaintiffs were unlawfully evicted on February 6, 2024.

### **FIRST CAUSE OF ACTION**

Fair Housing Act, 42 U.S.C. §§ 3604, 3617

63. Defendants' actions described in this Complaint amount to unlawful disability discrimination in violation of the federal Fair Housing Act, 42 U.S.C. § 3601 et seq.

64. Defendants' actions described in this Complaint amount to unlawful disability discrimination in violation of the federal Fair Housing Act, 42 U.S.C. § 3601 et seq.

65. Defendants injured Plaintiffs in violation of the Fair Housing Act by committing

the following discriminatory practices:

66. Discriminating or otherwise making housing unavailable because of a disability, in violation of 42 U.S.C. § 3604(f)(1); b.

67. Discriminating in the terms, conditions, and privileges of the sale or rental of a dwelling, or in the provision of services or facilities in connection with such dwelling, because of disability, in violation of 42 U.S.C. § 3604(f)(2);

Making, printing, or publishing, or causing to be made, printed, or published any notice, statement, or advertisement with respect to the sale or rental of a dwelling that indicates any preference, limitation, or discrimination based handicap, or an intention to make any such preference, limitation, or discrimination, in violation of 42 U.S.C. § 3604(c); and

68. Retaliating or otherwise discriminating against an individual because such person has opposed any act or practice made unlawful by the Act or because such individual assisted or participated in any manner in an investigation, proceeding, or hearing under the Act; and Coercing, intimidating, threatening, or interfering with any person in the exercise or enjoyment of, or on account of his having exercised or enjoyed, or on account of his having aided or encouraged any other person in the exercise or enjoyment of, any right granted or protected by the Fair Housing Act, in violation of 42 U.S.C. § 3617.

69. Defendants' actions and omissions in violation of the Fair Housing Act caused Plaintiffs' injuries as detailed above.

70. Defendants' conduct were intentional, wanton, malicious, and done in reckless disregard of the civil rights of Plaintiffs.

71. PRAYER FOR RELIEF

A. Jury Demand, Trial by Jury

B. Actual and compensatory damages sufficient to make plaintiffs whole.

C. Punitive damages against Defendants sufficient to punish them and to deter further wrongdoing.

D. For legal interest on said sums.

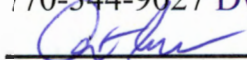
E. Attorneys' fees, mediation fees, and any costs to the extent permitted by law; and

F. For such other and further relief as the Court deems just and proper against all Defendants.

Respectfully submitted 12/27/2024,

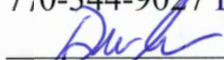
**CATHERINE SMITH, PRO SE**

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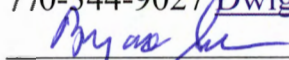
**DWIGHT SMITH**

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List of Exhibits

1. Disability Affidavit
2. Disability Hospital History
3. First Notice to Vacate - Filed 3/3/20220
4. Second Notice to Vacate Filed 12/28/2022
5. Reasonable Accommodation Notices
6. Landlord Notice Regarding Incident  
4/19/2021
7. Pictures of Incident 4/19/2021
8. Explanation of Incident 4/19/2021
9. Landlord Emergency Notice to Vacate
10. Landlord Appeal Filing – Motion to Compel
11. Court Ruling on Motion to Compel



# EXHIBIT 1

**DWIGHT SMITH**

**AFFIDAVIT**

**HISTORY AND DIAGNOSIS OF DISABILITY**

**CROHNS INTESTINE DISEASE, PERIANAL DISEASE-ANAL FISTULA, GI BLEEDING, BLOOD IN THE STOOL, AND TERMINAL ILEITIS, HISTORY HEMATOCHESIA.**

**HOSPITALIZATION SEPTEMBER 13, 2017 – SEPTEMBER 19, 2017**

On September 13, 2017, plaintiff Dwight Smith went to the emergency room at Gwinnett Medical Center, with symptoms of abdominal pain, bloody diarrhea, dizziness, and nausea and vomiting. Plaintiff Dwight Smith remained at the hospital through September 19, 2017.

**While In the emergency room, he was evaluated and diagnosed with CROHNS INTESTINE DISEASE, PERIANAL DISEASE - ANAL FISTULA, GI BLEEDING, BLOOD IN THE STOOL, AND TERMINAL ILEITIS, WHICH INCLUDED HISTORY HEMATOCHESIA.**

About 6 month prior to hospitalization Dwight Smith had a similar very mild episode of rectal bleeding about 6 months ago that resolved on its own. Dwight Smith had occasional diarrhea and watery stool and had been losing weight over the last 3 years.

Dwight Smith was 47 year old, about 3 or 4 days prior to admission when he started having loose stools and blood mixed with stool that gradually intensified and he had an episode of vomiting that had mostly food but some pinkish tinge within it. He went to the emergency room with a hemoglobin of 5.6 and after transfusion of 3 units, it is 6.4.

The GI bleeding was getting worse since its onset. Dwight Smith became Lightheaded, and upon arrival to the emergency department, he had a seizure-like activity, where he was twitching of the distal body for about 30 seconds. Dwight Smith complained of gas, nausea, vomiting, dizziness, and lightheadness.

On September 14, 2017, there was acute blood loss anemia with persistent bleeding and poor response to transfusion so far. The bleed of red blood Per the ER doctors suggests Power gastrointestinal source, the increased BUN and small

Exhibit Pg 1

amount of hematemesis raised the possibility of a brisk upper gastrointestinal bleed contributing.

Dr. Shorr/GI specialist examined Dwight Smith bedside upper GI endoscopy which did not reveal the source of the bleeding. Dwight Smith was then sent for a stat bleeding scan.

The Doctor took precaution due to Leukocytosis infection by starting antibiotic such as Cipro and Flayl.

At the time of the early evaluation the ER doctor determined that Dwight Smith was critically ill at this time. Early impressions was

1. Severe acute blood loss anemia
2. Lower Gastrointestinal bleeding .
3. Acute Kidney injury
4. Cardiovascular shock.
5. Possible infectious colitis.
6. Lactic acidosis.

On 9/15/2016 Dwight Smith was evaluated at bedside. He had three bloody stools overnight, some nausea and retching, no hematemesis. Hemoglobin dropped down today to 7.3, down from 7.9. The assessment was:

**ASSESSMENT :**

Lower gastrointestinal bleed, Colonoscopy for concern of small bowel involvement, Ileitis with a fistula formation from the ileum to the sigmoid colon, with descending colon colitis and small abscess in the left ischiorectal fossa, acute blood loss anemia, Acute Kidney injury of arrival...

At that time the ER doctor was to address the concern for Active Crohn's disease and severe inflammation. Since Dwight Already had a colonoscopy and small bowel etiology was suggested and to begin administering steroids for the Crohn's disease.

Because of the drop in the hemoglobin level, Dwight Smith would continue to remain in the ICU.

Exhibit Pg 2



On, 9/17/2017 Dwight Smith was feeling a bit better after being on Medication and treatment for 4 days. He still had dark watery diarrhea. Hemoglobin level has slightly dropped off.

Dr. Patel of GI services assessed if the hemoglobin is stable, then likely could be discharge.

**ASSESSMENT AND PLAN:**

1. Gastrointestinal bleeding. The patient likely with inflammatory bowel disease, possible crohn's. The bleeding has subsided. we will follow CBC.
2. Fistula involving the ileum and sigmoid colon. significant inflammation is all related to inflammatory bowel disease. The patient seen together with Dr. Patel. For now he is on prednisone.
3. Continue antibiotic due to the fistula and inflammation of the colitis. Long term care will be needed with gastroenterology services.

On, 9/18/2017, Dwight Smith was discharged, to follow up with a Gastroenterology within 3 to 4 weeks. Medicaiton would include Antibiotic and Steriods. Dwight Smith was Diagnosed with the following: CROHNS INTESTTINE DISEASE, PERIANAL DISEASE-ANAL FISTULA, GI BLEEDING, BLOOD IN THE STOOL, AND TERMINAL ILEITIS, HISTORY HEMATOCHENZIA

Dwight Smith was treated with various medication.

**HOSPITALIZATION DECEMBER 2017**

On December 21, 2017, plaintiff Dwight Smith went to the emergency room at Gwinnett Medical Center, with symptoms of several bouts of bloody diarrhea. Plaintiff Dwight Smith was treated at discharged the following day. Dwight Smith was treated for Acute lower gastrointestinal hemorrhage, Hemorrhagic shock, Crohn's disease of intestine, Abdominal pain, and Terminal ileitis and an Anal Fistula.

**HOSPITALIZATION MAY 2018**

On May 9, 2018, plaintiff Dwight Smith went to the emergency room at Gwinnett Medical Center, with symptoms of several bouts of bloody diarrhea bloody diarrhea, nausea, urgency, and discharge per rectum. Plaintiff Dwight Smith was treated at discharged the following day.

*Exhibit Pg 3*

**HOSPITALIZATION SEPTEMBER 2021**

On September 19, 2021, plaintiff Dwight Smith went to the emergency room at Emory Johns Creek Hospital, with symptoms of abdominal pain, bloody diarrhea, dizziness, and nausea and vomiting. Plaintiff Dwight Smith remained at the hospital through September 21, 2021. Dwight Smith received a blood transfusion, colonoscopy. Dwight Smith was also treated for infections. The suspected infection was from an earlier infection during March 2021 and the underlying Crohn's disease. After discharge, Dwight Smith was instructed to follow up with Colorectal Surgeon who performed the Anal Fistula Surgery.

**FROM DECEMBER 2018 – JANUARY 2022 TREATED BY  
GASTRELOGIST DR. KIM**

From December 2018-January 2022, plaintiff Dwight Smith was treated by Gastrologist Dr. Kim. Dr. Kim treated Dwight Smith after Discharge from Gwinnet Hospital. Dr. Kim treated Dwight Smith for Acute lower gastrointestinal hemorrhage, Hemorrhagic shock, Crohn's disease of intestine, Abdominal pain, and Terminal ileitis and an Anal Fistula. Dr. Kim treated the diseases with Remicade, doses of Prednisone, and Antibiotics.

**FROM 2019 – 2021 SURGERIES – PERIANAL DISEASE****There was 3 Surgeries of a very Complex****PRIOR FAILED PERIANAL FISULA SURGERIES WERE ON 10/2019 AND  
JULY 2020.**

There were 3 Complex Fistula Surgeries. The Previous two Surgies Failed because of infection and inflammation. The prior two surgeries were on 10/2019 and July 2020.

**An anal fistula** is "a small channel that develops between the end of the bowel, known as the anal canal, and the skin near the anus. The end of the fistula can appear as a hole in the skin around the anus <https://www.nhs.uk/conditions/anal-fistula/> (last visited April 15, 2024).

*Exhibit Pg 4*



Following each surgery there were symptoms of infections, inflammation on both sides of the anus from the infections. Infection would follow after a series of runny or watery stools or diarrhea was present. Since I had underlying conditions of Crohns from my diagnosis in September 2019. I continued taking medication treat the disease.

### **March 3, 2021 Surgery**

**Dwight Smith had** a very complex horseshoe fistula.

Dr. Armstrong noted During the March 3, 2021 sugery: there are 3 secondary openings in the left posterior right posterior and right anterior quadrant. The 2 midline secondary openings communicating with a primary opening in the midline at the level of the dentate line. The right anterior secondary opening was exuding pus and a counter drain was placed in this.

Because the complexity of the fistula and anal fistula plug was necessary. The left posterior secondary opening was a long distance of therefore this was used to insert the plug. The tract was cleaned using the fistula brush. A rehydrated plug was pulled into the primary opening and sutured in place using 2-0 Vicryl sutures. The tip of the plug was excised. The base of each dissection was infiltrated with 25% Marcaine with epinephrine. At the end of the procedure there is 1 anal fistula plug in situ and encountered draining seton in the right lateral quadrant. No center tissue was divided.

On March 5, 2023, I made an emergency visit with Dr. Armstrong two days after the Surgery to report an infection. I was experiencing bloody stools, watery diarrhea, and dizziness. The Fistula area became inflamed and infected. I was given additional antibiotic medication at that time.

*Exhibit Pg 5*

# EXHIBIT 2

USCA11 Case: 23-13273 Document: 15 Date Filed: 04/17/2024 Page: 31 of 126  
 Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1725681420

Gwinnett Hospital System  
 Coding Summary Report

Patient Name: SMITH, DWIGHT  
 MRN #: 51153538  
 Account #: 1725681420

Facility Name:  
 Facility Code: 110087  
 Financial Class: P, Self Pay  
 Payer ID:  
 Patient Type: LIA  
 Admit Date: 09/13/17  
 Discharge Date: 09/18/17  
 Discharge Disposition: 01, IP - DC - Home  
 Age: 47  
 Sex: M  
 Attending MD: 05141, MILLER, GREGORY  
 Coder: THCSAREITER  
 Coding Status: BillingWait  
 Grouper Type:  
 Grouper Version:

DRG: 00386, INFLAM BOWEL DIS W CC  
 DRG Weight: 0.96000  
 SOI:  
 ROM:  
 Analysis DRG: 00386, INFLAM BOWEL DIS W CC  
 Analysis DRG Weight: 0.97030  
 Analysis SOI: 0  
 Analysis ROM: 0

I10 Admit DX:	K92.2, GASTROINTESTINAL HEMORRHAGE UNS	
I10 DX1: K50.811	CROHNS DZ SM LG INTEST RECTAL BLEED	POA : Y
I10 DX2: R57.9	SHOCK UNSPECIFIED	POA : Y
I10 DX3: N17.9	ACUTE KIDNEY FAILURE UNSPECIFIED	POA : Y
I10 DX4: E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	POA : Y
I10 DX5: E87.2	ACIDOSIS	POA : Y
I10 DX6: D62	ACUTE POSTHEMORRHAGIC ANEMIA	POA : Y
I10 DX7: K31.5	OBSTRUCTION OF DUODENUM	POA : Y
I10 DX8: A09	INF GASTROENTERITIS & COLITIS UNS	POA : Y
I10 DX9: K61.3	ISCHIORECTAL ABSCESS	POA : Y
I10 DX10: K50.813	CROHNS DZ BOTH SM LG INTEST W/FIST	POA : Y
I10 DX11: G40.909	EPILEPSY UNS NOT INTRACT W/O SE	POA : Y
I10 DX12: K25.9	GASTR ULCR UNS AC/CHRN W/O HEM/PERF	POA : Y
I10 DX13: R31.9	HEMATURIA UNSPECIFIED	POA : Y
I10 DX14: R73.9	HYPERGLYCEMIA UNSPECIFIED	POA : Y
I10 DX15: E86.0	DEHYDRATION	POA : Y
I10 DX16: R00.0	TACHYCARDIA UNSPECIFIED	POA : Y
I10 DX17: K22.2	ESOPHAGEAL OBSTRUCTION	POA : Y
I10 PX1: 0W3P8ZZ	CONTROL GASTROINTEST NAT/ART ENDO	09/14/17
Modifiers:	Surgeon: 01881, SCHORR, SCOTT	
I10 PX2: 0DJ08ZZ	INSPECTION LW INTESTINAL TRACT ENDO	09/14/17
Modifiers:	Surgeon: 01881, SCHORR, SCOTT	

Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1725681420

Tachycardic, regular rhythm. Lungs: Clear to auscultation bilaterally. Abdomen: Nondistended, nontender. Bowel sounds present in all 4 quadrants, normoactive. Bright red blood at the rectum with clots. Extremities: Pulses 1+ throughout. Capillary refill greater than 2 seconds. Nailbeds appear pale.

LABORATORY DATA: Medical drug screen negative. Lactic acid 4.0. White blood cell count 21.9, hemoglobin 5.6, hematocrit 17.5, platelets 302. UA shows 2+ occult blood, 31 red cells, 5 white cells. PTT 20.7, PT 15.8, INR 1.5. Sodium 133, potassium 3.7, chloride 103, bicarbonate 20.5, BUN 32, creatinine 1.5, glucose 223, calcium 7.0, bilirubin 0.3, albumin 2.2. AST 7, ALT 4, alkaline phosphatase 52, GFR greater than 60.

IMAGING: None.

ASSESSMENT:

1. Gastrointestinal bleed.
2. Anemia.
3. Hematuria.
4. Elevated INR.
5. Hyponatremia.
6. Hyperglycemia.
7. Acute kidney injury.
8. Possible sepsis.
9. Metabolic acidosis.
10. Dehydration.
11. Seizure-like activity/syncope.

PLAN:

1. Neurologic: Seizure-like activity versus syncope. This was likely a single episode secondary to vasovagal response due to patient's GI bleed and dehydration. We will continue to monitor for any further seizure activity, and if patient does have what appears to be a seizure, will obtain an EEG.
2. Cardiovascular:
  - a. The patient is tachycardic and hypotensive. Currently, bolusing with 1 liters of lactated Ringer's. The patient also receiving 2 units of packed red blood cells and we expect his blood pressure and heart rate to improve with this resuscitation. Reassess for further need for red blood cell resuscitation after the second unit.
  - b. Will continue patient on maintenance fluids of normal saline at 250 mL/hour after the bolus is complete.
3. Pulmonary: The patient is stable on room air. Will continue to monitor closely for any respiratory compromise, as patient is very anemic.
4. Fluids/Electrolytes/Nutrition:
  - a. GI bleed. Protonix 80 mg IV and Pepcid 20 mg IV. Will also start a Protonix drip.
  - b. Place NG tube.
  - c. Hemoccult test on gastric fluid contents.
  - d. Dr. Shore from GI has been consulted.
  - e. Continue aggressive fluid resuscitation and supportive care.
  - f. One liter bolus of lactated Ringer's, followed by 250 mL/hour of normal saline.
  - g. N.p.o.
5. Hyponatremia: Will reevaluate after fluid resuscitation.
6. Renal:
  - a. Acute kidney injury. Continue aggressive fluid resuscitation and monitor for improvement with morning labs.
  - b. Occult blood and red blood cells in urine.
7. Heme/ID:
  - a. Patient meets SIRS criteria. Will obtain blood cultures and will start Flagyl and Cipro.

Exhibit Pg 2



Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1725681420

- b. Narrow antibiotic therapy when cultures return.
  - c. Obtain CBC in the morning to monitor white blood cell count.
  - 8. Anemia: The patient is receiving 2 units of packed red blood cells in the emergency department. Obtain H and H after the second unit and then serial H and H q.4 hours for 24 hours. Transfuse again if needed.
  - 9. INR 1.5: Patient given vitamin K subcutaneously.
  - 10. Venous thromboembolism prophylaxis: SCDs.
  - 11. Gastrointestinal prophylaxis: Protonix drip.
- CODE STATUS: FULL CODE.

DISPOSITION: The 47-year-old male with no past medical history presenting with acute gastrointestinal bleed with bright red blood per rectum and hematemesis. He will be transferred to the ICU and started on aggressive fluid resuscitation, as well as PRBC transfusion. GI has been consulted. Will obtain abdominal CT angiogram and/or bleeding scan when the patient is more stable and depending on GI's recommendations.

Patient seen, examined, labs  
and images reviewed. GLM  
cc time 38 min

/Proscript

Dictated by KELSEY GUERRESO, MD for: GREGORY MAULDIN, MD  
Dictation Date: 09/14/2017 12:38:20 AM EST  
Transcription Date: 09/14/2017 01:21:18 AM EST  
Job ID: 145-14570577

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Dictated by KELSEY GUERRESO MD for: GREGORY MAULDIN MD  
Dictation Date: 201709140038 Transcription Date: 201709140122 Job ID: 14570577  
Electronically Authenticated and Edited by:  
GREGORY MAULDIN MD 1206 on 09/14/2017 06:46 AM EDT

*Exhibit Pg 3*

USCA11 Case: 23-13273 Document: 15 Date Filed: 04/17/2024 Page: 34 of 126

Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1725681420

WINNETT MEDICAL CENTER

Consultation

PATIENT: SMITH, DWIGHT  
VISIT #: 1725681420  
MR#: 51153538  
DOB: 06/09/1970  
DOS: 09/14/2017  
ROOM#:

CONSULTANT: SCOTT W SCHORR, MD  
REFERRING PHYSICIAN: GREGORY MAULDIN, MD

IMPRESSION:

1. Gastrointestinal bleed; though, red blood suggests lower gastrointestinal source, the increased BUN and small amount of hematemesis raise the possibility of a brisk upper gastrointestinal bleed contributing.
2. Acute blood loss anemia with persistent bleeding and poor response to transfusion so far.

RECOMMENDATIONS:

1. Agree with serial H and H, IV fluids, n.p.o. and resuscitation measures.
2. EGD to rule out upper GI source.
3. Bleeding scan if EGD proves unrevealing.
4. Colonoscopy can be considered if bleeding scan is positive.
5. Consider surgical input in light of significant nature of active bleeding.

HISTORY OF PRESENT ILLNESS: The patient is a 47-year-old male, previously in good state of health until 3 or 4 days prior to admission when he started having loose stools and blood mixed with stool that gradually intensified and he had an episode of vomiting that had mostly food but some pinkish tinge within it. He came to the Emergency Room. An NG tube was placed, which showed some pinkish secretions that were gastric occult positive but rapidly cleared. He came in with a hemoglobin of 5.6 and after transfusion of 3 units, it is only 6.4. His BUN at admission was 33 with creatinine 1.5 and this morning, it is 33 and 1.1. The patient denies any prior history of ulcers, indigestion. He does not take NSAIDs and has no prior GI history.

PAST MEDICAL HISTORY: Otherwise unremarkable.

MEDICATIONS: He is on no medications.

ALLERGIES: No known drug allergies.

PAST SURGICAL HISTORY: None.

PREVIOUS HOSPITALIZATIONS: None.

SOCIAL HISTORY: Does not drink or smoke. He is married and lives with his wife.

FAMILY HISTORY: Noncontributory.

PHYSICAL EXAMINATION: General Appearance: He is a well nourished male, in no acute distress. Vital signs: Per nursing flow sheet. HEENT: Pupils are equal. Neck: Supple. Heart: Regular rate and rhythm without murmur, gallop or rub. Lungs: Clear to auscultation and percussion. Abdomen: Soft, scaphoid abdomen, nontender, nondistended without hepatosplenomegaly. Genitourinary: Deferred.

Exhibit Pg 4

Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1725681420

Musculoskeletal: Shows no cyanosis, clubbing or edema. Neurologic: Alert, oriented and nonfocal.

LABORATORY DATA: Hemoglobin 5.6, hematocrit 18, after 3 units, 7.4 and 23, down to 6.4 and 19 this morning. LFTs normal.

/Proscript

Dictated by SCOTT W SCHORR, MD for: SCOTT W SCHORR, MD

Dictation Date: 09/14/2017 08:36:51 AM EST

Transcription Date: 09/14/2017 09:05:51 AM EST

Job ID: 145-14570709

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Dictated by SCOTT SCHORR MD for: SCOTT SCHORR MD

Dictation Date: 201709140836 Transcription Date: 201709141137 Job ID: 14570709

Electronically Authenticated by:

SCOTT W SCHORR MD 1881 On 09/25/2017 08:36 AM EDT

Exhibit P 5

Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1725681420

GWINNETT MEDICAL CENTER

Endoscopy Report

PATIENT: SMITH, DWIGHT  
VISIT #: 1725681420  
MR#: 51153538  
DOB: 06/09/1970  
DOS: 09/14/2017  
ROOM#:

SURGEON: SCOTT W SCHORR, MD

PROCEDURE PERFORMED: Colonoscopy.

INDICATIONS FOR PROCEDURE: Massive GI bleed, rule out lower GI source.

DESCRIPTION OF PROCEDURE: Risks and benefits of the procedure were explained to the patient and his wife. Those risks included bleeding, perforation, dilatation, aspiration and phlebitis. They both voiced understanding and the wife gave informed consent. He was premedicated with Fentanyl 125 mcg and Versed 6 mg. Digital rectal exam showed significant perianal scarring but normal sized prostate. Using a video Olympus colonoscope, it was advanced gently into the rectum and advanced to the cecum with some difficulty secondary to an ectatic and redundant colon and copious amounts of adherent clotted blood debris spread evenly throughout the colon. The appendiceal orifice and ileocecal valve are both identified but the terminal ileum could not be intubated due to bowel tortuosity and looping. The scope was gradually withdrawn and with careful washing of surfaces then with partial clearing revealing a significantly limited exam but showing no overt lesions, no diverticulosis, no neoplasia or AVMs or fresh blood but the entire colon did have residual old blood throughout all the way down to the rectum. Retroflexion was not performed. The colon was decompressed. The patient tolerated the procedure well.

IMPRESSION: Pan colonic old blood from the cecum to the rectum highly suggestive of a small bowel etiology. A Meckel diverticulum or other diverticula of the small bowel or arteriovenous malformation or aneurysm or vascular lesion is possible.

RECOMMENDATION:

1. CT scan of the abdomen and pelvis with IV and oral contrast.
2. Meckel scan once bleeding scan marker has been cleared.
3. Capsule endoscopy as an outpatient if these tests do not reveal a bleeding source.

/Proscript

Dictated by SCOTT W SCHORR, MD for: SCOTT W SCHORR, MD  
Dictation Date: 09/14/2017 06:49:08 PM EST  
Transcription Date: 09/14/2017 08:25:12 PM EST  
Job ID: 145-14571682

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Dictated by SCOTT SCHORR MD for: SCOTT SCHORR MD  
Dictation Date: 201709141849 Transcription Date: 201709142025 Job ID: 14571682

Exhibit B 6



USCA11 Case: 23-13273 Document: 15 Date Filed: 04/17/2024 Page: 37 of 126

Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1725681420

Gwinnett Hospital System  
1000 Medical Center Boulevard, Lawrenceville, GA 30045  
678-312-4440

Radiology Consultation Report

Patient Name: SMITH, DWIGHT  
Medical Record Number: 51153538  
Patient Location: GMC - ICU - WEST

DOB: 06/09/1970  
Account: 1725681420  
Room/Bed: I201

Procedure: CT ABD/PELVIS WITH CONTRAST  
Ordered By: SCOTT W. SCHORR M.D.  
Date of Service: 09/14/2017 20:14

Accession #: 7937724  
Ordered: 09/14/2017 18:51

Page 2

Final

Portal vein, SMV and splenic vein appear grossly patent. Aorta is normal in caliber. Shotty scattered lymph nodes.

Foley catheter present within the bladder, which contains air. Mild bladder wall thickening. Prostate gland and seminal vesicles are unremarkable.

OSSEOUS STRUCTURES/SOFT TISSUES: No aggressive osseous lesions identified.

IMPRESSION:

1. Abnormal segmental wall thickening of the terminal ileum. Findings are concerning for ileitis, likely related to inflammatory bowel disease (i.e. Crohns disease). There appears to be fistulization of the terminal ileum to the sigmoid colon.
2. Segmental thickening of the descending colon, concerning for ongoing colitis.
3. Presumed small abscess within the left ischiorectal fossa. Probable collapsed/scarring perianal fistulae bilaterally, extending into the ischioanal fat and the gluteal soft tissues.
4. Extremely dense, almost metallic radiodensity within the duodenum, nonspecific, correlate for history of ingested foreign body or recent procedure/clipping.
5. Distention of the small and large bowel, could be related to recent endoscopic procedure with bowel insufflation, but some degree of ileus or mechanical incomplete obstruction cannot be excluded.
6. Other incidental findings, as above.

Exhibit Pg 7

Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1725681420

## GWINNETT MEDICAL CENTER

## Progress Note

PATIENT: SMITH, DWIGHT  
 VISIT #: 1725681420  
 MR#: 51153538  
 DOB: 06/09/1970  
 DOS: 09/15/2017  
 ROOM#:

SUBJECTIVE: Overnight, the patient is resting comfortably. He is in no acute distress. There appears to be no evidence of any active ongoing hemorrhage. He has been hemodynamically stable following resuscitative efforts on yesterday.

OBJECTIVE: Current Vital Signs: Temp 98.8, pulse 89, blood pressure is 118/69, respirations 21, oxygen saturation is 98%. Input And Output: 4,350 in, versus 1,605 out. He is positive 2,755. Urine output was 1,505. He has had multiple documented bowel movements and some emesis, but no documented persistent bloody clots this morning. Lungs: Breath sounds clear to auscultation bilaterally. Heart: Regular rate and rhythm with no murmurs, rubs or gallops. Abdomen: Soft, minimally distended, nontender to palpation. No masses, guarding or rebound is appreciated.

LABORATORY RESULTS: This morning, white count 17.3 which is down, H&H 6.9 and 19.9, which appears to be related to possible hemodilution, platelet count 188. Sodium 134, potassium 3.9, chloride 105, bicarbonate 23.8, BUN of 20, creatinine 1.1, and glucose 146. Calcium is 7.1. Ionized calcium was not checked. LFTs are within normal limits. Lactic acid was not repeated this morning. Coagulations are within normal limits.

Review of colonoscopy results from yesterday revealed pancolonic blood with presumed source of bleeding from a small bowel location. CT scan of the abdomen was performed with contrast, which did show evidence of segment wall thickening of the terminal ileum concerning for ileitis related to inflammatory bowel disease with visualization of terminal ileum to the sigmoid colon. There is segmental thickening of the descending colon concerning for ongoing colitis as well. Suspect a small abscess in the left ischiorectal fossa.

ASSESSMENT AND PLAN: This is a 47-year-old male who presents with a history of lower gastrointestinal bleed with CT findings suggestive of fistulizing inflammatory bowel disease likely concerning for Crohn terminal ileitis/colitis.

PLAN: I did speak with the gastroenterology team lead by Dr. Patel today. At this point, the patient does appear to be exhibiting symptoms consistent with active Crohn disease with the concern for active ongoing inflammatory bowel disease. The patient obviously is not an optimal candidate for surgical intervention as high risk of complications. The plan is to approach this from a standpoint of medical management with aggressive initiation of IV steroids to suppress the inflammatory response and subsequent immune modulated therapy to follow. Once the patient's acute inflammatory process has been controlled, surgical intervention in lieu of any ongoing complications may be reasonable in the future. For now, however, we will attempt to avoid surgical intervention, which would be a highly more of a procedure in the setting of his ongoing inflammation. An additional imaging study has been requested with a small-bowel follow-through study to determine if there is any additional sources of inflammation or if there is any potential mass that might require more urgent intervention prior to initiation of IV steroids by the GI team. For now, we

Exhibit Pg 8

Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1725681420

GWINNETT MEDICAL CENTER

## Critical Care Progress Note

PATIENT: SMITH, DWIGHT  
 VISIT #: 1725681420  
 MR#: 51153538  
 DOB: 06/09/1970  
 DOS: 09/15/2017  
 ROOM#:

SUBJECTIVE: Patient seen and evaluated at bedside. He reports three melanotic stools overnight, some nausea and retching, no hematemesis. Hemoglobin dropped down today to 7.3, down from 7.9. He denies chest pain or shortness of breath on room air.

OBJECTIVE: Vital Signs: Temperature 98.5 degrees Fahrenheit, heart rate 81 beats per minute, blood pressure 128/74, respiratory rate 15, O2 sat is 100% on room air. Input 4360, output 1605 for a net positive of 2755. General: Alert and oriented x3. No significant physical or respiratory distress. HEENT: Normocephalic, atraumatic. Pupils are equal, round and reactive to light and accommodation. No scleral icterus, mild conjunctival pallor. Dry mucous membranes. No thyromegaly or lymphadenopathy appreciated. Heart: Regular rate and rhythm. No murmurs, rubs or gallops. Lungs: Clear to auscultation in the anterior and posterior lung fields bilaterally. Abdomen: Was soft, nontender, nondistended. Hypoactive bowel sounds noted. No rebound tenderness or guarding. During the exam patient was repeatedly hiccuping. Extremities: Negative edema in the feet bilaterally. No signs of skin rashes, excoriations, bruising, clubbing, cyanosis, or muscular atrophy. A bilateral SCD device noted.

LABS: WBC count 17.3, down from 21.9, hemoglobin 10.3 down from 10.9, platelets 188. Sodium 134, potassium 3.9, chloride 105, bicarb 24, BUN is 20, creatine 1.1, down from 1.5. Serum glucose 146. Albumin 2.1.

## ASSESSMENT:

1. Lower gastrointestinal bleed, status post esophagogastroduodenoscopy/colonoscopy, with concern for possible small bowel involvement either Meckel diverticulum versus arteriovenous malformation versus aneurysm versus vascular lesions with a possible new diagnosis of Crohn's disease. (Patient has family history of Crohn's.)
2. Ileitis with a fistula formation from the ileum to the sigmoid colon, with descending colon colitis and small abscess in the left ischioirectal fossa.
3. Acute blood-loss anemia, melanotic stools, with hemoglobin 7.3, and negative bleeding scans on 9/14/207.
4. Hemorrhagic shock on admission, currently stable, not on vasopressors.
5. Acute kidney injury on arrival, since it, likely due to hemorrhagic shock, current creatine 1.1, down from 1.5.

## PLAN:

1. Gastrointestinal. Patient was seen by Dr. Toussaint from surgery today. After speaking with him feels that this patient would not be a good surgical candidate, especially if there is concern for active Crohn's disease and severe inflammation. We will speak to Dr. Amel Patel, in regards to any additional plan versus starting the patient on steroids for possible Crohn's disease. Current gastrointestinal bleeding is favoring possibly a small bowel etiology since the patient underwent an esophagogastroduodenoscopy and a colonoscopy

Exhibit Ps 9



Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1725681420

yesterday with pancolonic old blood seen from the cecum to the rectum. Pending lower gastrointestinal series as well as from Dr. Amel Patel as seen in the patient's chart. NPO until completion of the small-bowel follow through series. Hemoglobin is currently 6.9 down from 7.3, could be dilutional. The patient is asymptomatic, but we may go ahead and give him an additional unit of blood if he continues to drop or becomes hypoxemic.

2. Infectious disease. Patient is currently on Flagyl and ciprofloxacin for his abscess as well as well colitis and ileitis. Continue current antibiotic regimen, \_\_\_\_\_. Continue fluid resuscitation normal saline, may decrease flow rate.

3. Neurological, no issues.

4. Cardiovascular. Current hemodynamics are relatively stable with a MAP greater than 65, off of any vasopressors. Continue fluid resuscitation and replace blood products due to gastrointestinal bleed. Monitor hemodynamics. 5. Pulmonary: No issues.

6. Genitourinary. Urine culture so far are negative. No other issues.

5. Gastrointestinal prophylaxis: Protonix 40 mg twice a day.

6.

Deep vein thrombosis prophylaxis: Bilateral sequential compression devices given his acute gastrointestinal bleed. Will hold off on any anticoagulation.

DISPOSITION: Given his continues drop in his hemoglobin will keep him in the ICU for an extra day and keep a close eye on his hemodynamics. Possible downgrade tomorrow after he undergoes a small-bowel follow-through over here in the ICU, as well as after starting him on steroids if Dr. Amel Patel agrees.

**\*ATTENDING ADDENDUM\***

I HAVE SEEN AND EXAMINED PATIENT 9/15/17 IN ICU AROUND 9AM AND HAVE DISCUSSED PLAN OF CARE WITH DR. ALI. I AGREE WITH ABOVE ASSESSMENT AND PLAN, HAVING EDITED IT TO REFLECT MY OWN.

I HAVE REVIEWED CHART, LABS, AND IMAGING AND DISCUSSED WITH NURSING AND RESPIRATORY THERAPIST.

NO  
CRITICAL CARE TIME.

SUSAN M. MUCHA, MD

/Proscript

Dictated by SHOHEB ALI, MD for: SUSAN M MUCHA, MD

Dictation Date: 09/15/2017 12:30:54 PM EST

Transcription Date: 09/15/2017 01:03:05 PM EST

Job ID: 145-14572227

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Dictated by SHOHEB ALI MD for: SUSAN MUCHA MD

Dictation Date: 201709151230 Transcription Date: 201709151322 Job ID: 14572227

Electronically Authenticated and Edited by:

SUSAN M MUCHA MD 17973 on 10/05/2017 04:22 PM EDT

*Exhibit Pg 10*



Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1725681420

GWINNETT MEDICAL CENTER

Progress Note

PATIENT: SMITH, DWIGHT  
VISIT #: 1725681420  
MR#: 51153538  
DOB: 06/09/1970  
DOS: 09/17/2017  
ROOM#:

SUBJECTIVE: The patient is feeling a bit better. He still has dark watery diarrhea. Hemoglobin level has slightly dropped off. Case discussed with Dr. Patel of GI services. Plan is to repeat CBC. If hemoglobin is stable, then likely he can be discharged to home tomorrow. Again, patient without significant pain. No nausea, vomiting.

PHYSICAL EXAMINATION: Vital Signs: Temperature 98.6, pulse 83, blood pressure 116/67, pulse ox 100%, respiratory rate is 18. General: Patient calm in bed in no acute distress. Cardiovascular: Regular rate and rhythm. Lungs: Clear. No significant wheezing or crackles. Abdomen: Slightly firm but no tenderness now. No guarding or rebound. Skin: Warm and dry.

LABORATORY DATA: BUN is 10, creatinine is 0.9. White count 16.3, hemoglobin is 8.1 platelets 267.

ASSESSMENT AND PLAN:

1. Gastrointestinal bleeding. The patient likely with inflammatory bowel disease, possible Crohn's. The bleeding has subsided. We will follow CBC.
2. Fistula involving the ileum and sigmoid colon. Significant inflammation is all related to inflammatory bowel disease. The patient seen together with Dr. Patel. For now he is on prednisone. However, another form of steroids may be provided, which will be available as an outpatient to use from the office of Dr. Patel. We will follow up with their recommendation tomorrow. If hemoglobin is stable, then he can be discharged.
3. Suspicion of metallic item noted on CT scan. This may be the Endoclip that was placed by Dr. Shore. Defer to gastroenterology services.
4. Continue empiric antibiotics due to the fistula and inflammation colitis, slowly improving in his condition. Long-term care will be needed with gastroenterology services. Plan for discharge tomorrow if hemoglobin is stable.

/Proscript

Dictated by JAMES S LEE, MD for: JAMES S LEE, MD  
Dictation Date: 09/17/2017 05:55:05 PM EST  
Transcription Date: 09/17/2017 06:12:40 PM EST  
Job ID: 145-14574439

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--

Dictated by JAMES S LEE MD for: JAMES S LEE MD  
Dictation Date: 201709171755 Transcription Date: 201709171813 Job ID: 14574439  
Electronically Authenticated by:  
JAMES S LEE MD 08487 On 09/19/2017 04:42 PM EDT

Exhibit Pg 11

USCA11 Case: 23-13273 Document: 15 Date Filed: 04/17/2024 Page: 42 of 126

Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1725681420

SMITH, DWIGHT  
 Gwinnett Medical Center Lawrenceville  
 FROM: 09/13/17 03:20 TO: 09/14/17 03:20  
 ROOM: 1201-O ADM: 09/13/17 22:24  
 AGE: 47Y SEX: M MD: MAULDIN, GREGORY L  
 DOB: 06/09/1970 ID: 1725681420 MR: 51153538  
 REQUESTED: 09/14/17 03:20 (RUC)  
 OPT OUT:

OrderNotes - SMITH, DWIGHT  
 DEPT: MIW ROOM: 1201-O MR: 51153538  
 Ordered by: EDMD HALL, JERRY K  
 Entered by: RN BATRA, RAVEESH K - 09/14/17 03:20  
 Order mode: Written - Session Id:23736634

ALLERGY					
Charted	Allergy name	Type	Reaction	Severity	Comment
02/07 19:21	No Known Allergies	Miscellaneous Allergy			
DIAGNOSIS					
ACUTE LOWER GASTROINTESTINAL HEMORRHAGE*					

HEODEPT							
Ord#	Action	Order Name	Freq	Priority	Duration	Start	Stop
81	Started	RBAV	ONCE	ROUTINE	1 Time	09/14 03:20	09/14 03:20
RBAV Method: Written Orders/RBAV Not Required							

LAB							
Ord#	Action	Order Name	Freq	Priority	Duration	Start	Stop
80	Started	Lactic Acid Blood	ONCE	STAT	1 Time	09/14 03:19	09/14 03:19

Exhibit Pg 12

MD Signature (date) \_\_/\_\_/\_\_ : \_\_\_\_\_

LAST PAGE

Page 1



Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1725681420

GWINNETT MEDICAL CENTER

Discharge Summary

PATIENT: SMITH, DWIGHT  
VISIT #: 1725681420  
MR#: 51153538  
DOB: 06/09/1970  
ADMITTED: 09/13/2017  
DISCHARGED: 09/18/2017  
ROOM#:

DISCHARGE DIAGNOSES:

1. Gastrointestinal bleed, most likely secondary to inflammatory bowel disease, possible Crohn's. Patient currently stable, tolerating diet and cleared for discharge by Gastroenterology. He will be discharged home on tapering doses of prednisone and follow up with Gastroenterology in 3 to 4 weeks.
2. /sigmoid colon, discharged on oral course of antibiotics for 14 days. He will need followup and probably repeat imaging.
3. Suspicion of metallic item noted on CT scan. This may be the \_\_\_\_\_ defer to Gastroenterology Services.

DISCHARGE MEDICATIONS: Please see MAR.

DISCHARGE ACTIVITY: As tolerated.

DISPOSITION: Home.

FOLLOW UP: As mentioned above with Gastroenterology.

DIAGNOSTIC DATA: Reviewed. Potassium is 3.3 and replaced. White count is 19, yesterday it was 16. However, hemoglobin remains stable. It was felt that the white count was related to steroid use.

VITAL SIGNS: Stable. Afebrile. Blood pressure 110/68.

PHYSICAL EXAMINATION: General: He is alert, awake, in no acute distress. Heart: S1, S2. Regular. Lungs: Clear. Abdomen: Benign, slightly distended, bloated. Extremities: Lower extremity no edema, palpable pulses. Skin: Is warm and dry with no rashes or edema.

The patient does not seem to have a primary care physician or any other physician, and he wants me to send a note about discharge.

TIME SPENT: More than 30 minutes.

/Proscript

Dictated by LUMINITA "DANA" NEACSU, MD for: LUMINITA "DANA" NEACSU, MD  
Dictation Date: 09/18/2017 02:56:25 PM EST  
Transcription Date: 09/18/2017 10:31:28 PM EST  
Job ID: 145-14575275

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Dictated by LUMINITA "DANA" NEACSU MD for: LUMINITA "DANA" NEACSU MD  
Dictation Date: 201709181456 Transcription Date: 201709182231 Job ID: 14575275  
Electronically Authenticated by:

*Exhibit Pg 13*

USCA11 Case: 23-13273 Document: 15 Date Filed: 04/17/2024 Page: 44 of 126

Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1725681420

GWINNETT HOSPITAL SYSTEM  
1000 MEDICAL CENTER BLVD. LAWRENCEVILLE, GA 30046  
Robert Siegel, MD - Laboratory Director

PAGE: 17

NAME: SMITH, DWIGHT

AGE : 47Y SEX: M

MR# : 51153538

LOC: N5E

ROOM: N5620

ACCT: 1725681420

DR : Miller MD, Gregory F

CODE: 5141

## \*\*\*\*\* OTHER TESTS \*\*\*\*\*

09/13/17

2257

DISPENSE RED CELLS TRANSFUSION  
BLOOD COMPONENT TYPE

RED BLOOD CELLS (PACKED CELLS)

UNITS ORDERED 1

CROSSMATCH EXPIRATION

09/16/2017

09/13/17

2257

DISPENSE RED CELLS TRANSFUSION  
BLOOD COMPONENT TYPE

RED BLOOD CELLS (PACKED CELLS)

UNITS ORDERED 1

CROSSMATCH EXPIRATION

09/16/2017

09/13/17

2257

DISPENSE RED CELLS TRANSFUSION  
BLOOD COMPONENT TYPE

RED BLOOD CELLS (PACKED CELLS)

UNITS ORDERED 1

CROSSMATCH EXPIRATION

09/16/2017

09/15/17

1327

DISPENSE RED CELLS TRANSFUSION  
BLOOD COMPONENT TYPE

RED BLOOD CELLS (PACKED CELLS)

UNITS ORDERED 1

CROSSMATCH EXPIRATION

09/16/2017

09/13/17

2257

Transfusion Record

UNIT NUMBER W200317082568

BLOOD COMPONENT TYPE

PC ADSOL LEUKOREduced

UNIT DIVISION 00

TRANSFUSIONIST GHS.GHSNET.ORG,RBATRA

TRANSFUSION START DATE/TIME

09/14/2017,03:12

TRANSFUSION END DATE/TIME

09/14/2017,04:56

AMOUNT OF BLOOD GIVEN

315

REACTION DATE/TIME 09/14/2017,04:55

REACTIONS NONE

09/13/17

2257

Transfusion Record

UNIT NUMBER W200317051229

&lt;&lt;RESULTS CONTINUED ON NEXT PAGE&gt;&gt;

CONTINUED

CONTINUED

PAGE: 17

DWIGHT SMITH

FINAL CHART COPY

H #: 51153538

LOC: N5E

RM: N5620

Exhibit Pg 14



USCA11 Case: 23-13273 Document: 15 Date Filed: 04/17/2024 Page: 45 of 126

Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1725681420

GWINNETT HOSPITAL SYSTEM  
1000 MEDICAL CENTER BLVD. LAWRENCEVILLE, GA 30046  
Robert Siegel, MD - Laboratory Director

PAGE: 18  
NAME: SMITH, DWIGHT  
MR#: 51153538  
ACCT: 1725681420  
LOC: N5E  
DR: Miller MD, Gregory F  
AGE: 47Y  
SEX: M  
ROOM: N5620  
CODE: 5141

## \*\*\*\*\* OTHER TESTS \*\*\*\*\*

Transfusion Record <<CONTINUED FROM PREVIOUS PAGE>>  
BLOOD COMPONENT TYPE

PC ADSOL LEUKOREduced  
UNIT DIVISION 00  
TRANSFUSIONIST GHS.GHSNET.ORG, RBATRA  
TRANSFUSION START DATE/TIME  
09/14/2017, 06:53  
TRANSFUSION END DATE/TIME  
09/14/2017, 07:16  
AMOUNT OF BLOOD GIVEN  
350  
REACTION DATE/TIME 09/14/2017, 07:16  
REACTIONS NONE

09/13/17

2257

Transfusion Record  
UNIT NUMBER W203617495769  
BLOOD COMPONENT TYPE  
PC ADSOL LEUKOREduced  
UNIT DIVISION 00  
TRANSFUSIONIST GHS.GHSNET.ORG, JBOYD  
TRANSFUSION START DATE/TIME  
09/14/2017, 08:02

09/13/17

2257

Transfusion Record  
UNIT NUMBER W201217376204  
BLOOD COMPONENT TYPE  
PC ADSOL LEUKOREduced  
UNIT DIVISION 00  
TRANSFUSIONIST GHS.GHSNET.ORG, SBURG  
TRANSFUSION START DATE/TIME  
09/15/2017, 13:49  
TRANSFUSION END DATE/TIME  
09/15/2017, 16:06  
AMOUNT OF BLOOD GIVEN  
350

END OF REPORT

END OF REPORT

PAGE: 18  
DWIGHT SMITH  
FINAL CHART COPY

R #: 51153538  
LOC: N5E RM: N5620

Exhibit P 15

USCA11 Case: 23-13273 Document: 15 Date Filed: 04/17/2024 Page: 46 of 126

Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1725681420

51153538 SMITH, DWIGHT 1725681420

**Gwinnett Hospital System**1000 MEDICAL CENTER BLVD LAWRENCEVILLE GA 30046  
3620 HOWELL FERRY RD DULUTH GA 30096  
Robert Segel M.D. Laboratory Director**Blood Bank Unit Tag**Sent on ice  
Date/Time of SignoutX 09/13/17  
2253

Pt Name	SMITH, DWIGHT	
MRN	51153538	1725681420 AOC#
Pt type		
Gender	M	
Unit #	W2003 17 098085	Match with Bag #
Unit type	O-POSITIVE	Unit div 00
Component	PC ADSOL LEUKOREduced	
Volume	350 ML	Tech RH
Unit exp	10/16/2017	Date 09/19/2017
Crossmatch	ISSUED WITHOUT CROSSMATCH (PHYSICIA	

**Pretransfusion Instructions**

- 1 Red blood cells can be given as fast as can be tolerated or they must be infused within 4 hours
- 2 Mix thoroughly and gently before administering
- 3 Always administer through an appropriate filter
- 4 Normal saline is the ONLY medication/solution to be used with the administration of blood/components
- 5 Fill in all the required information on the form then return the Blood Bank copy to the Blood Bank

LOC MER  
ACC W57181**TRANSFUSION ADMINISTRATION RECORD**

Has BLOOD CONSENT been verified? ☒ Yes ☐ No  
I have identified the intended recipient by armband and compared this with the blood label and with the unit identification  
I certify these are correct

Transfusion started by Jamie Bugen  
Witness Chloe Denton

BEGIN ADMINISTRATION WITHIN 30 MINUTES OR RETURN TO BLOOD BANK

Date Started 9-13-17 Time Started 2303Time completed 2340 Amount transfused 1/4 ☐1/2 ☐Completed by Jamie Bugen 3/4 ☐All ☒**EMERGENCY RELEASE**

This unit of blood is issued as an emergency procedure. In my professional opinion his or her life would be endangered by postponing transfusion until the completion of routine compatibility tests

\_\_\_\_ MD  
\_\_\_\_ O group packed cells uncrossmatched  
\_\_\_\_ ABO compatible with incomplete crossmatch

	Pretrans	5 min	15 min	30 min	1 hour	2 hour	3 hour	Completion
Temp	97.1	98.1	97.7					100.2
Pulse	125	117	102					103
Resp	24	20	18					18
B/P	113/53	123/63	114/57					100/56

Adult Transfusion Guidelines Pretrans 5 min 15 min Completion

Neonatal Transfusion Guidelines Pretrans 5 min 15 min 30 min 1 hour 2 hour 3 hour Completion

Reaction ☐ Yes ☒ No

Blood Product Returned to Blood Bank \_\_\_\_\_

Returned by \_\_\_\_\_

Date/Time returned \_\_\_\_\_

Okay to reissue ☐ Yes ☐ No**IN THE EVENT OF A REACTION****IN THE EVENT OF A TRANSFUSION REACTION**

- 1 STOP TRANSFUSION IMMEDIATELY
- 2 Keep IV open with normal saline
- 3 Notify physician and Blood Bank IMMEDIATELY
- 4 Complete the Report of Reaction to Transfused Blood or Blood Products form

PLACE TOP COPY IN PATIENT CHART RETURN YELLOW TO BLOOD BANK



1-989

1 989 (Rev 03/2014)

Exhibit Ps 14









USCA11 Case: 23-13273 Document: 15 Date Filed: 04/17/2024 Page: 49 of 126

Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1725681420

51153538 SMITH, DWIGHT 1725681420

**Gwinnett Hospital System**1000 MEDICAL CENTER BLVD LAWRENCEVILLE GA 30046  
3620 HOWELL FERRY RD DULUTH GA 30096  
Robert Siegel M.D. Laboratory Director**Blood Bank Unit Tag**

Sent on ice

Date/Time of Signout

09/14/17

0746

Pt Name	SMITH, DWIGHT		
MRN	51153538	1725681420	ACC#
Pt type	O-POSITIVE		
Gender	M		
Unit #	W2036 17 495769 Match with Bdg #		
Unit type	O-POSITIVE	Unit div	100
Component	PC ADSOL LEUKOREDUCED		
Volume	350 ML	Teoh	KC
Unit exp	10/09/2017	Date	09/14/2017
Crossmatch	Electronically Compatible		

**Pretransfusion Instructions**

- 1 Red blood cells can be given as fast as can be tolerated or they must be infused within 4 hours
- 2 Mix thoroughly and gently before administering
- 3 Always administer through an appropriate filter
- 4 Normal saline is the ONLY medication/solution to be used with the administration of blood/components
- 5 Fill in all the required information on the form then return the Blood Bank copy to the Blood Bank

LUC 12010  
ACC W57183**TRANSFUSION ADMINISTRATION RECORD****EMERGENCY RELEASE**

Has BLOOD CONSENT been verified? ☒ Yes ☐ No  
I have identified the intended recipient by armband and compared this with the blood label and with the unit identification. I certify these are correct

Transfusion started by

Witness

BEGIN ADMINISTRATION WITHIN 30 MINUTES OR RETURN TO BLOOD BANK

Date Started \_\_\_\_\_ Time Started \_\_\_\_\_

Time completed \_\_\_\_\_ Amount transfused 1/4 ☐1/2 ☐Completed by \_\_\_\_\_ 3/4 ☐All ☐

This unit of blood is issued as an emergency procedure. In my professional opinion, his or her life would be endangered by postponing transfusion until the completion of routine compatibility tests

\_\_\_\_\_ MD

\_\_\_\_\_ O group packed cells uncrossmatched

\_\_\_\_\_ ABO compatible with incomplete crossmatch

	Pretrans	5 min	15 min	30 min	1 hour	2 hour	3 hour	Completion
Temp								
Pulse								
Resp								
B/P								

Adult Transfusion Guidelines Pretrans 5 min 15 min Completion

Neonatal Transfusion Guidelines Pretrans 5 min 15 min 30 min 1 hour 2 hour 3 hour Completion

Reaction ☐ Yes ☐ No

Blood Product Returned to Blood Bank \_\_\_\_\_

Returned by \_\_\_\_\_

Date/Time returned \_\_\_\_\_

Okay to reissue ☐ Yes ☐ No**IN THE EVENT OF A REACTION****IN THE EVENT OF A TRANSFUSION REACTION**

1 STOP TRANSFUSION IMMEDIATELY

2 Keep IV open with normal saline

3 Notify physician and Blood Bank IMMEDIATELY

4 Complete the Report of Reaction to Transfused Blood or Blood Products form

PLACE TOP COPY IN PATIENT CHART RETURN YELLOW TO BLOOD BANK



1 989

1 989 (Rev 03/2014)

Exhibit Pg 19

Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1725681420

51153538 SMITH, DWIGHT 1725681420

**Gwinnett Hospital System**1000 MEDICAL CENTER BLVD LAWRENCEVILLE GA 30048  
3820 HOWELL FERRY RD DULUTH GA 30098  
Robert Siegel M.D. Laboratory Director**Blood Bank Unit Tag**

Pt Name	SMITH, DWIGHT		
MRN	51153538	1725681420	ACC#
Pt type	O-POSITIVE		
Gender	M		
Unit #	W2003 17 051229 Match with Bag #		
Unit type	O-POSITIVE	Unit div	00
Component	PC ADSOL/LEUKOREduced		
Volume	350 ML	Tech	KC
Unit exp	10/09/2017	Date	09/14/2017
Crossmatch	Electronically Compatible		

Sent on ice

Date/Time of Signout

09/14/17  
0650**Pretransfusion Instructions**

- 1 Red blood cells can be given as fast as can be tolerated or they must be infused within 4 hours
- 2 Mix thoroughly and gently before administering
- 3 Always administer through an appropriate filter
- 4 Normal saline is the ONLY medication/solution to be used with the administration of blood/components
- 5 Fill in all the required information on the form then return the Blood Bank copy to the Blood Bank

LOC I2010  
ACC W57183**TRANSFUSION ADMINISTRATION RECORD**

Has BLOOD CONSENT been verified? ☐ Yes ☐ No  
I have identified the intended recipient by armband and compared this with the blood label and with the unit identification  
I certify these are correct

Transfusion started by \_\_\_\_\_

Witness \_\_\_\_\_

BEGIN ADMINISTRATION WITHIN 30 MINUTES OR RETURN TO BLOOD BANK

Date Started 09/14/17 Time Started 0655Time completed \_\_\_\_\_ Amount transfused 1/4 ☐1/2 ☐Completed by \_\_\_\_\_ 3/4 ☐All ☐**EMERGENCY RELEASE**

This unit of blood is issued as an emergency procedure. In my professional opinion his or her life would be endangered by postponing transfusion until the completion of routine compatibility tests

MD

☐ O group packed cells uncrossmatched☐ ABO compatible with incomplete crossmatch

	Pretrans	5 min	15 min	30 min	1 hour	2 hour	3 hour	Completion
Temp								
Pulse								
Resp								
B/P								

Adult Transfusion Guidelines Pretrans 5 min 15 min Completion

Neonatal Transfusion Guidelines Pretrans 5 min 15 min 30 min 1 hour 2 hour 3 hour Completion

Reaction ☐ Yes ☐ No

Blood Product Returned to Blood Bank \_\_\_\_\_

Returned by \_\_\_\_\_

Date/Time returned \_\_\_\_\_

Okay to reissue ☐ Yes ☐ No**IN THE EVENT OF A REACTION****IN THE EVENT OF A TRANSFUSION REACTION**

1 STOP TRANSFUSION IMMEDIATELY

2 Keep IV open with normal saline

3 Notify physician and Blood Bank IMMEDIATELY

4 Complete the Report of Reaction to Transfused Blood or Blood Products form

PLACE TOP COPY IN PATIENT CHART RETURN YELLOW TO BLOOD BANK



1-989

1 989 (Rev 03/2014)

Exhibit Pg 20



USCA11 Case: 23-13273 Document: 15 Date Filed: 04/17/2024 Page: 51 of 126

Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1725681420

51153538 SMITH, DWIGHT 1725681420

**Gwinnett Hospital System**1000 MEDICAL CENTER BLVD LAWRENCEVILLE GA 30046  
3820 HOWELL FERRY RD DULUTH GA 30096  
Robert Siegel MD Laboratory Director**Blood Bank Unit Tag**Sent on ice 9/13/17  
Date/Time of Signout 2:25

Pt Name	SMITH, DWIGHT		
MRN	51153538	1725681420	ACC#
Pt type			
Gender	M		
Unit #	W2003 17 049454	Match with Bag #	
Unit type	O-POSITIVE	Unit div	UU
Component	PC ADSOL LEUKOREDUCED		
Volume	350 ML	Tech	RH
Unit exp	10/17/2017	Date	09/13/2017
Crossmatch	ISSUED WITHOUT CROSSMATCH (PHYSICIAN)		

## Pretransfusion Instructions

- 1 Red blood cells can be given as fast as can be tolerated or they must be infused within 4 hours
- 2 Mix thoroughly and gently before administering
- 3 Always administer through an appropriate filter
- 4 Normal saline is the ONLY medication/solution to be used with the administration of blood/components
- 5 Fill in all the required information on the form then return the Blood Bank copy to the Blood Bank

LOC MER  
ACC W5/181**TRANSFUSION ADMINISTRATION RECORD**

Has BLOOD CONSENT been verified? ☒ Yes ☐ No  
I have identified the intended recipient by armband and compared this with the blood label and with the unit identification  
I certify these are correct

Transfusion started by Jamie Burger RN  
Witness Chloe Demott RN

BEGIN ADMINISTRATION WITHIN 30 MINUTES OR RETURN TO BLOOD BANK

Date Started 9/13/17 Time Started 2:35Time completed 0:23 Amount transfused 1/4 ☐9/14 1/2 ☐Completed by Jamie Burger RN 3/4 ☐All ☒**EMERGENCY RELEASE**

This unit of blood is issued as an emergency procedure in my professional opinion his or her life would be endangered by postponing transfusion until the completion of routine compatibility tests

\_\_\_\_ MD  
\_\_\_\_ O group packed cells uncrossmatched  
\_\_\_\_ ABO compatible with incomplete crossmatch

	Pretrans	5 min	15 min	30 min	1 hour	2 hour	3 hour	Completion
Temp	100.2	99.3	100.5					99
Pulse	126	110	100					93
Resp	18	16	18					16
B/P	105/50	111/50	101/59					102/50

Adult Transfusion Guidelines Pretrans 5 min 15 min Completion

Neonatal Transfusion Guidelines Pretrans 5 min 15 min 30 min 1 hour 2 hour 3 hour Completion

Reaction ☐ Yes ☒ No

Blood Product Returned to Blood Bank \_\_\_\_\_

Returned by \_\_\_\_\_

Date/Time returned \_\_\_\_\_

Okay to reissue ☐ Yes ☐ No**IN THE EVENT OF A REACTION****IN THE EVENT OF A TRANSFUSION REACTION**

- 1 STOP TRANSFUSION IMMEDIATELY
- 2 Keep IV open with normal saline
- 3 Notify physician and Blood Bank IMMEDIATELY
- 4 Complete the Report of Reaction to Transfused Blood or Blood Products form

PLACE TOP COPY IN PATIENT CHART RETURN YELLOW TO BLOOD BANK



1-989

1 989 (Rev 03/2014)

Exhibit Pg 21

USCA11 Case: 23-13273 Document: 15 Date Filed: 04/17/2024 Page: 52 of 126  
 Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1725681420

Gwinnett Medical Center

# **GENERAL MEDICAL/SURGICAL DISCHARGE INSTRUCTIONS**

Take this form and a copy of your Home Medicine List to your doctor appointment.  
 We suggest that you contact your primary care physician to review your medicine list after you return home.

Patient Discharge Instructions for: DWIGHT SMITH

Admitting Diagnosis: BLOOD IN STOOL

Attending Physician: Gregory V. Miller, MD, MD

Allergies: No Known Allergies

Most Recent Vital Signs: BP: 112/68 arm left O2 SAT %: 100% room air O2 equip: room air  
 Pulse #1: 66 finger/pulse ox Respirations: 18 visual TEMP #1 In F: 97.9F oral  
 Weight in Kg: 67.4kg

## **Physician Appointments**

Physician Name dr lee.

Specialty gastroentrology.

Follow-Up in 3 weeks.

Appointment Instructions patient to call office, pt to schedule follow-up appointment.

## **General Discharge Instructions**

Your Diagnosis crohns disease.

Discharged To: home.

Discharged via: wheelchair.

Pneumococcal Vaccine not ordered.

--Pneumococcal Vacc Not Given? Why? not indicated.

Influenza Vaccine (Oct - March) not ordered.

--Influenza Vaccine Not Given? Why? not in season.

Diet Instructions low residue, no fresh fruit, no fresh vegetables, other instructions-->. gi soft, avoid lactose & raw veg & eat foods rich in potassium.

Activity increase distance as tolerated.

Refer to Home Med List home medication list provided, prescriptions given.

Tubes/Needles removed.

Valuables N/A.

Type of Patient Belongings all.  
 clothes, phone, wallet.

Name: SMITH, DWIGHT

Age: 47 yr

Acct: 1725681420

Opt Out:

Gender: M

MRN: 51153538

Physician: Miller, Md, Gregory V., MD

Rm-Bed: N562 - O

Admit Dt: 09/13/2017 22:24 DOB: 06/09/1970

Permanent

Exhibit 22



Gwinnett Medical Center Lawrenceville

09/19/2017 19:33

Page 139 of 139

hpf Comprehensive Orders Report  
 From 09/13/2017 22:24 To 09/19/2017 08:54

## Order 176 - Version 2 (Continued)

Discharge Diagnosis: CONTIN ROUTINE Until Discontinued Discharge Diagnosis		
Start: 09/18/2017 13:28 Originally Entered: 09/18/2017 13:29 Last Modified: 09/18/2017 18:26 D.C.: 09/18/2017 17:33	Ordered By: NEACSU, MD, LUMINITA D MD Entered By: NEACSU, MD, LUMINITA D MD Modified By: 999CMPD, 999CMPD Source: Direct	Action: Discontinued
Diagnosis: Crohn's disease of intestine (K50.90)		Application Source: HEO Performing Dept: Heo Department Order Group: HEO Group Placer Number: 320767961

## Order 177 - Version 1

Discharge Instructions iForm Tracking Order ONCE ROUTINE 1Times		
Start: 09/18/2017 13:28 End: 09/18/2017 13:28 Originally Entered: 09/18/2017 13:29 Last Modified: 09/18/2017 13:29	Ordered By: NEACSU, MD, LUMINITA D MD Entered By: NEACSU, MD, LUMINITA D MD Modified By: NEACSU, MD, LUMINITA D MD Source: Direct	Action: Ordered
Signed Action: Sign New Signed Action: Acknowledge New	By: NEACSU, MD, LUMINITA D MD By:	Date: 09/18/2017 13:29
		Application Source: HEO-MD Performing Dept: NURSING Order Group: NURSING Placer Number: 320767962

## Order 177 - Version 2

Discharge Instructions iForm Tracking Order ONCE ROUTINE 1 Times		
Start: 09/18/2017 13:28 End: 09/18/2017 13:28 Originally Entered: 09/18/2017 13:29 Last Modified: 09/18/2017 14:25	Ordered By: NEACSU, MD, LUMINITA D MD Entered By: NEACSU, MD, LUMINITA D MD Modified By: 999CMPD, 999CMPD Source: Direct	Action: Completed
		Application Source: HOM Performing Dept: NURSING Order Group: NURSING Placer Number: 320767962

Name: SMITH, DWIGHT	Age: 47 yr	Acct: 1725681420
Opt Out:	Gender: M	MRN: 51153538
Physician: Miller, Md, Gregory V., MD	Rm-Bed: N562 - O	Admit Dt: 09/13/2017 22:24 DOB: 06/09/1970

Permanent

Exhibit Pg 23

USCA11 Case: 23-13273 Document: 15 Date Filed: 04/17/2024 Page: 54 of 126  
 Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1725681420

Gwinnett Medical Center Lawrenceville

09/19/2017 19:33

Page 25 of 139

hpf Comprehensive Orders Report  
 From 09/13/2017 22:24 To 09/19/2017 08:54

## Order 28 - Version 1 (Continued)

Start: 09/13/2017 23:43 End: 09/13/2017 23:43 Originally Entered: 09/13/2017 23:43 Last Modified: 09/13/2017 23:43	Ordered By: HALL, JERRY K EDMD Entered By: HALL, JERRY K EDMD Modified By: HALL, JERRY K EDMD Source: Direct	Action: Ordered
Signed Action: Sign New	By: HALL, JERRY K EDMD	Date: 09/13/2017 23:43
Signed Action: Acknowledge New	By: DRIVER, CHELSEA M EDNR	Date: 09/14/2017 00:21
Signed Action: Verify New	By:	
		Application Source: HEO-MD Performing Dept: LABORATORY Order Group: Microbiology Placer Number: 319002438

## Order 28 - Version 2

CULTURE BLOOD ONCE STAT 1 Times		
Start: 09/13/2017 23:43 End: 09/13/2017 23:43 Originally Entered: 09/13/2017 23:43 Last Modified: 09/14/2017 06:16	Ordered By: HALL, JERRY K EDMD Entered By: HALL, JERRY K EDMD Modified By: HALL, JERRY K EDMD Source: Direct	Action: Ordered
		Application Source: OADD Performing Dept: LABORATORY Order Group: Microbiology Placer Number: 319002438

## Order 28 - Version 3

CULTURE BLOOD ONCE STAT 1 Times		
Start: 09/13/2017 23:43 End: 09/13/2017 23:43 Originally Entered: 09/13/2017 23:43 Last Modified: 09/19/2017 06:15	Ordered By: HALL, JERRY K EDMD Entered By: HALL, JERRY K EDMD Modified By: HALL, JERRY K EDMD Source: Direct	Action: Completed
		Application Source: OADD Performing Dept: LABORATORY Order Group: Microbiology Placer Number: 319002438

## Order 29 - Version 1

Patient Placement (LAWRENCEVILLE) ONCE ROUTINE 1 Times		
Start: 09/13/2017 23:57 End: 09/13/2017 23:57 Originally Entered: 09/13/2017 23:57 Last Modified: 09/13/2017 23:57	Ordered By: MAULDIN, GREGORY L MD Entered By: MAULDIN, GREGORY L MD Modified By: MAULDIN, GREGORY L MD Source: Direct	Action: Ordered
Patient Status: ADMIT AS INPATIENT		
Admitting Diagnosis: Acute lower gastrointestinal hemorrhage (K92.2, P54.3)		
Special Needs: No Special Needs		
Location / Specialty Request: Intensive Care - 2 South		

Name: SMITH, DWIGHT

Age: 47 yr

Acct: 1725681420

Opt Out:

Gender: M

MRN: 51153538

Physician: Miller, Md, Gregory V., MD

Rm-Bed: N562 - O

Admit Dt: 09/13/2017 22:24 DOB: 06/09/1970

Permanent

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 Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1725681420

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## Order 131 - Version 2

Intra-Facility Transfer Lawrenceville CONTIN ROUTINE Until Discontinued		
Start: 09/15/2017 16:17 Originally Entered: 09/15/2017 16:17 Last Modified: 09/18/2017 18:26 D.C.: 09/18/2017 17:33	Ordered By: ALI, SHOHEB MD Entered By: ALI, SHOHEB MD Modified By: 999CMPD, 999CMPD Source: Direct	Action: Discontinued
Patient Type: 8 Patient Status: See Patient Status Order Admitting Diagnosis: Hemorrhagic shock (R57.1) Choose a staff member or enter a name to search for: "Miller, MD", Gregory V [HOSPITALIST] Location / Specialty Request: PCU - 4 North Special Needs: No Special Needs Level of Care: Intermediate Care		
		Application Source: HEO Performing Dept: TELETRACKING BED Order Group: TELETRACKING BE Placer Number: 319627243

## Order 132 - Version 1

Cardiac Monitoring for Critical/Intermediate Care CONTINUOUS ROUTINE Until Discontinued		
Start: 09/15/2017 16:17 Originally Entered: 09/15/2017 16:17 Last Modified: 09/15/2017 16:17	Ordered By: ALI, SHOHEB MD Entered By: ALI, SHOHEB MD Modified By: ALI, SHOHEB MD Source: Direct	Action: Ordered
Signed Action: Sign New	By: ALI, SHOHEB MD	Date: 09/15/2017 16:17
Signed Action: Acknowledge New	By: TAYLOR, SHANA RN	Date: 09/16/2017 06:28
		Application Source: HEO-MD Performing Dept: NURSING Order Group: NURSING Placer Number: 319627244

## Order 132 - Version 2

Cardiac Monitoring for Critical/Intermediate Care CONTINUOUS ROUTINE UNK		
Start: 09/15/2017 16:17 Originally Entered: 09/15/2017 16:17 Last Modified: 09/18/2017 02:30	Ordered By: ALI, SHOHEB MD Entered By: ALI, SHOHEB MD Modified By: GLENNLUMSDEN, AMERIAL F RN Source: Direct	Action: Ordered
		Application Source: PCM Performing Dept: NURSING Order Group: NURSING Placer Number: 319627244

## Order 132 - Version 3

Cardiac Monitoring for Critical/Intermediate Care CONTINUOUS ROUTINE UNK		
Start: 09/15/2017 16:17 Originally Entered: 09/15/2017 16:17 Last Modified: 09/18/2017 18:26	Ordered By: ALI, SHOHEB MD Entered By: ALI, SHOHEB MD Modified By: 999CMPD, 999CMPD	Action: Discontinued

Name: SMITH, DWIGHT  
 Opt Out:  
 Physician: Miller, Md, Gregory V., MD

Age: 47 yr  
 Gender: M  
 Rm-Bed: N562 - O

Acct: 1725681420  
 MRN: 51153538  
 Admt Dt: 09/13/2017 22:24 DOB: 06/09/1970

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 Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1725681420

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## Order 149 - Version 4 (Continued)

Pharmacy Verified: Y Verified By: STAFFID, TJO Verified Date: 09/17/2017 14:33	Application Source: RX Performing Dept: Pharmacy Order Group: HEO Meds Placer Number: 320053415
--	--

## Order 150 - Version 1

Diagnosis: CONTIN ROUTINE Until Discontinued		
Start: 09/16/2017 21:37 Originally Entered: 09/16/2017 21:38 Last Modified: 09/16/2017 21:38	Ordered By: SMITH, MD, HERSCHEL W MD Entered By: SMITH, MD, HERSCHEL W MD Modified By: SMITH, MD, HERSCHEL W MD Source: Direct	Action: Ordered
		Application Source: HEO-MD Performing Dept: HEO Department Order Group: HEO Group Placer Number: 320094618

## Order 150 - Version 2

Diagnosis: CONTIN ROUTINE Until Discontinued		
Start: 09/16/2017 21:37 Originally Entered: 09/16/2017 21:38 Last Modified: 09/18/2017 18:26 D.C.: 09/18/2017 17:33	Ordered By: SMITH, MD, HERSCHEL W MD Entered By: SMITH, MD, HERSCHEL W MD Modified By: 999CMPD, 999CMPD Source: Direct	Action: Discontinued
Category: Medical Diagnosis: Crohn's disease of intestine (K50.90)		Application Source: HEO Performing Dept: HEO Department Order Group: HEO Group Placer Number: 320094618

## Order 151 - Version 1

Intra-Facility Transfer Lawrenceville CONTIN ROUTINE Until Discontinued		
Start: 09/16/2017 21:37 Originally Entered: 09/16/2017 21:38 Last Modified: 09/16/2017 21:38	Ordered By: SMITH, MD, HERSCHEL W MD Entered By: SMITH, MD, HERSCHEL W MD Modified By: SMITH, MD, HERSCHEL W MD Source: Direct	Action: Ordered

Name: SMITH, DWIGHT

Age: 47 yr

Acct: 1725681420

Opt Out:

Gender: M

MRN: 51153538

Physician: Miller, Md, Gregory V., MD

Rm-Bed: N562 - O

Admit Dt: 09/13/2017 22:24 DOB: 06/09/1970

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 Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1725681420

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## Order 151 - Version 1 (Continued)

Signed Action: Sign New	By: SMITH, MD, HERSCHEL W MD	Date: 09/16/2017 21:38
Signed Action: Acknowledge New	By: TAYLOR, SHANA RN	Date: 09/16/2017 22:15
Signed Action: Verify New	By:	
		Application Source: HEO-MD Performing Dept: TELETRACKING BED Order Group: TELETRACKING BE Placer Number: 320094619

## Order 151 - Version 2

Intra-Facility Transfer Lawrenceville CONTIN ROUTINE Until Discontinued		
Start: 09/16/2017 21:37 Originally Entered: 09/16/2017 21:38 Last Modified: 09/18/2017 18:26 D.C.: 09/18/2017 17:33	Ordered By: SMITH, MD, HERSCHEL W MD Entered By: SMITH, MD, HERSCHEL W MD Modified By: 999CMPD, 999CMPD Source: Direct	Action: Discontinued
Patient Type : 8 Patient Status: See Patient Status Order Special Needs: No Special Needs Level of Care: Acute Care Location / Specialty Request: Any Medical/Surgical Area Admitting Diagnosis: Crohn		
		Application Source: HEO Performing Dept: TELETRACKING BED Order Group: TELETRACKING BE Placer Number: 320094619

## Order 152 - Version 1

GLUCOSE SCREEN ONCE ROUTINE 1Occurrences		
Start: 09/16/2017 23:36 End: 09/16/2017 23:36 Originally Entered: 09/16/2017 23:40 Last Modified: 09/16/2017 23:40	Ordered By: MILLER, MD, GREGORY V MD Entered By: LAB, USER Modified By: LAB, USER Source: Written	Action: Ordered
		Application Source: PCM Performing Dept: LABORATORY Order Group: Lab Placer Number: 700916

## Order 152 - Version 2

GLUCOSE SCREEN ONCE ROUTINE 1Occurrences		
Start: 09/16/2017 23:36 End: 09/16/2017 23:36 Originally Entered: 09/16/2017 23:40 Last Modified: 09/16/2017 23:40	Ordered By: MILLER, MD, GREGORY V MD Entered By: LAB, USER Modified By: LAB, USER Source: Written	Action: Ordered

Name: SMITH, DWIGHT	Age: 47 yr	Acct: 1725681420
Opt Out:	Gender: M	MRN: 51153538
Physician: Miller, Md, Gregory V., MD	Rm-Bed: N562 - O	Admit Dt: 09/13/2017 22:24 DOB: 06/09/1970

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Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1735581351

Gwinnett Hospital System  
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678-312-4440

Radiology Consultation Report

Patient Name: SMITH, DWIGHT	DOB: 06/09/1970
Medical Record Number: 51153538	Account: 1735581351
Patient Location: GMC - EMERGENCY ROOM	Room/Bed:
Procedure: CT ABD/PELVIS WITH CONTRAST	Accession #: 8045567
Ordered By: JOEL G. BAILEY M.D.	Ordered: 12/21/2017 22:26
Date of Service: 12/21/2017 23:08	

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Final

CT ABDOMEN AND PELVIS WITH CONTRAST

HISTORY: Blood in stool. History of Crohn's disease.

TECHNIQUE: Routine axial imaging was performed from the lung bases through the pubic symphysis following the uneventful intravenous administration of contrast.

Up-to-date CT equipment and radiation dose reduction techniques were employed. CTDIvol: 10.6 - 10.8 mGy. DLP: 763 mGy-cm.

FINDINGS:

Comparison is made to prior study of 9/14/2017.

Lung bases are clear of focal infiltrate and pleural effusion. Heart size is normal.

There is mild hypodensity in the region of the falciform ligament of the liver, likely representing a focal area of fatty infiltration. Liver is otherwise unremarkable. Spleen, pancreas, and gallbladder are unremarkable.

No adrenal nodules.

Stable small 3 mm hypodense lesion within the left interpolar kidney. Stable 1.5 x 1.5 cm cyst in the posterior left interpolar kidney. Right kidney is unremarkable. No hydronephrosis.

There is no free intraperitoneal air. Large amount of stool throughout the rectum. Appendix is normal. Stomach is decompressed. Previously described metallic density within the duodenum is not appreciated on current study. Persistent wall thickening involving the terminal ileum. No evidence of bowel obstruction. There is a possible fistulous connection identified with the distal sigmoid colon.

The previously described air-fluid collection within the ischial rectal fossae has resolved, with asymmetric soft tissue thickening in this region. There remains linear areas of soft tissue density in the

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Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1735581351

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Final

**Emergency Department Chart**

Patient Name: SMITH, DWIGHT	Account Number: 1735581351
Medical Rec. Number: 51153538	Birthdate: 06/09/1970 Gender: M
Arrival Date: 12/21/2017 19:45	Primary MD:
Visit Date: 12/21/2017 19:47	Attending MD: Joel Bailey EDMD

**Discharge Instructions****Crohn's Disease****Crohn's Disease**

Crohn's disease is a long-term (chronic) soreness and redness (inflammation) of the intestines (bowel). It can affect any portion of the digestive tract, from the mouth to the anus. It can also cause problems outside the digestive tract. Crohn's disease is closely related to a disease called Ulcerative Colitis (together, these two diseases are called Inflammatory Bowel Disease).

**CAUSES**

The cause of Crohn's disease is not known. One theory is that, in an easily affected (susceptible) person, the immune system is triggered to attack the body's own digestive tissue. Crohn's disease runs in families. It seems to be more common in certain geographic areas and amongst certain races. There are no clear-cut dietary causes.

**SYMPTOMS:**

Crohn's disease can cause many different symptoms since it can affect many different parts of the body. Symptoms include:

- Fatigue.
- Weight loss.
- Chronic diarrhea, sometime bloody.
- Abdominal pain and cramps.
- Fever.
- Ulcers or canker sores in the mouth or rectum.
- Anemia (low red blood cells).
- Arthritis, skin problems, and eye problems may occur.

Complications of Crohn's disease can include:

- Series of holes (perforation) of the bowel.
- Portions of the intestines sticking to each other (adhesions).
- Obstruction of the bowel.
- Fistula formation, typically in the rectal area but also in other areas. A fistula is an opening between the bowels and the outside, or between the bowels and another organ.
- A painful crack in the mucous membrane of the anus (rectal fissure).

**DIAGNOSIS:**

Your caregiver may suspect Crohn's disease based on your symptoms and an exam. Blood tests may confirm that there is a problem. You may be asked to submit a stool specimen for examination. X-rays and CT scans may be necessary. Ultimately, the diagnosis is usually made after a procedure that uses a flexible tube that is inserted via your mouth or your anus. This is done under sedation and is called either an upper endoscopy or colonoscopy. With these tests, the specialist can take tiny tissue samples and remove them from the inside of the bowel (biopsy). Examination of this biopsy tissue under a microscope can reveal Crohn's disease as the cause of your symptoms.

Due to the many different forms that Crohn's disease can take, symptoms may be present for several years before a diagnosis is made.

**HOME CARE INSTRUCTIONS**

There is no cure for Crohn's disease. The best treatment is frequent checkups with your caregiver. Symptoms such as diarrhea can be controlled with medications. Avoid foods that have a laxative effect such as fresh fruit, vegetables and dairy products. During flare ups, you can rest your bowel by refraining from solid foods. Drink clear liquids frequently during the day (electrolyte or re-hydrating fluids are best. Your caregiver can help you with suggestions). Drink often to prevent loss of body fluids (dehydration). When diarrhea has cleared, eat small meals and more frequently. Avoid food additives and stimulants such as caffeine (coffee, tea, or chocolate). Enzyme supplements may help if you develop intolerance to a sugar in dairy products (lactose). Ask your caregiver or dietitian about specific dietary instructions. Try to maintain a positive attitude. Learn relaxation techniques such as self hypnosis, mental imaging, and muscle relaxation. If possible, avoid stresses which can aggravate your condition. Exercise regularly. Follow your diet. Always get plenty of rest.

Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1735581351

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**Emergency Department Chart**

Patient Name: SMITH, DWIGHT	Account Number: 1735581351
Medical Rec. Number: 51153538	Birthdate: 06/09/1970 Gender: M
Arrival Date: 12/21/2017 19:45	Primary MD:
Visit Date: 12/21/2017 19:47	Attending MD: Joel Bailey EDMD

**Discharge Instructions****Crohn's Disease****SEEK MEDICAL CARE IF:**

Your symptoms fail to improve after a week or two of new treatment.  
You experience continued weight loss.  
You have ongoing crampy digestion or loose bowels.  
You develop a new skin rash, skin sores, or eye problems.

**SEEK IMMEDIATE MEDICAL CARE IF:**

You have worsening of your symptoms or develop new symptoms.  
An unexplained oral temperature above 102° F (38.9° C) develops, and is not controlled by medication.  
You develop bloody diarrhea.  
You develop severe abdominal pain.

**MAKE SURE YOU:**

Understand these instructions.  
Will watch your condition.  
Will get help right away if you are not doing well or get worse.

Document Released: 04/07/2004 Document Re-Released: 03/16/2010  
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Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1735581351

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**Emergency Department Chart**

Patient Name: SMITH, DWIGHT	Account Number: 1735581351
Medical Rec. Number: 51153538	Birthdate: 06/09/1970 Gender: M
Arrival Date: 12/21/2017 19:45	Primary MD:
Visit Date: 12/21/2017 19:47	Attending MD: Joel Bailey EDMD

**Discharge Instructions****Abdominal Pain, Easy-to-Read****Abdominal Pain**

Many things can cause belly (abdominal) pain. Most times, the belly pain is not dangerous. The amount of belly pain does not tell how serious the problem may be. Many cases of belly pain can be watched and treated at home.

**HOME CARE**

- > Do not take medicines that help you go poop (laxatives) unless told to by your doctor.
- > Only take medicine as told by your doctor.
- > Eat or drink as told by your doctor. Your doctor will tell you if you should be on a special diet.

**GET HELP RIGHT AWAY IF:**

- > The pain does not go away.
- > You have a fever.
- > You keep throwing up (vomiting).
- > The pain changes and is only in the right or left part of the belly.
- > You have bloody or tarry looking poop.

**MAKE SURE YOU:**

- > Understand these instructions.
- > Will watch your condition.
- > Will get help right away if you are not doing well or get worse.

Document Released: 06/05/2009 Document Revised: 03/11/2013 Document Reviewed: 01/03/2011  
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Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1735581351

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Final

**Emergency Department Chart**

Patient Name: SMITH, DWIGHT  
Medical Rec. Number: 51153538  
Arrival Date: 12/21/2017 19:45  
Visit Date: 12/21/2017 19:47

Account Number: 1735581351  
Birthdate: 06/09/1970 Gender: M  
Primary MD:  
Attending MD: Joel Bailey EDMD

**Discharge Instructions****Anal Fistula****Anal Fistula**

An anal fistula is an abnormal tunnel that develops between the bowel and skin near the outside of the anus, where feces comes out. The anus has a number of tiny glands that make lubricating fluid. Sometimes these glands can become plugged and infected. This may lead to the development of a fluid-filled pocket (abscess). An anal fistula often develops after this infection or abscess. It is nearly always caused by a past or current anal abscess.

**CAUSES**

Though an anal fistula is almost always caused by a past or current anal abscess, other causes can include:

- > A complication of surgery.
- > Trauma to the rectal area.
- > Radiation to the area.
- > Other medical conditions or diseases, such as:
  - \* Chronic inflammatory bowel disease, such as Crohn disease or ulcerative colitis.
  - \* Colon or rectal cancer.
  - \* Diverticular disease, such as diverticulitis.
  - \* A sexually transmitted disease, such as gonorrhea, chlamydia, or syphilis.
  - \* An HIV infection or AIDS.

**SYMPTOMS**

- > Throbbing or constant pain that may be worse when sitting.
- > Swelling or irritation around the anus.
- > Drainage of pus or blood from an opening near the anus.
- > Pain with bowel movements.
- > Fever or chills.

**DIAGNOSIS**

Your caregiver will examine the area to find the openings of the anal fistula and the fistula tract. The external opening of the anal fistula may be seen during a physical examination. Other examinations that may be performed include:

- > Examination of the rectal area with a gloved hand (digital rectal exam).
- > Examination with a probe or scope to help locate the internal opening of the fistula.
- > Injection of a dye into the fistula opening. X-rays can be taken to find the exact location and path of the fistula.
- > An MRI or ultrasound of the anal area.

Other tests may be performed to find the cause of the anal fistula.

**TREATMENT**

The most common treatment for an anal fistula is surgery. There are different surgery options depending on where your fistula is located and how complex the fistula is. Surgical options include:

- > A fistulotomy. This surgery involves opening up the whole fistula and draining the contents inside to promote healing.
- > Seton placement. A silk string (seton) is placed into the fistula during a fistulotomy to drain any infection to promote healing.
- > Advancement flap procedure. Tissue is removed from your rectum or the skin around the anus and is attached to the opening of the fistula.
- > Bioprosthetic plug. A cone-shaped plug is made from your tissue and is used to block the opening of the fistula.

Some anal fistulas do not require surgery. A fibrin glue is a non-surgical option that involves injecting the glue to seal the fistula. You also may be prescribed an antibiotic medicine to treat an infection.

**HOME CARE INSTRUCTIONS**

- > Take your antibiotics as directed. Finish them even if you start to feel better.
- > Only take over-the-counter or prescription medicines as directed by your caregiver. Use a stool softener or laxative, if recommended.

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Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1735581351

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Final

**Emergency Department Chart**

Patient Name: SMITH, DWIGHT	Account Number: 1735581351
Medical Rec. Number: 51153538	Birthdate: 06/09/1970 Gender: M
Arrival Date: 12/21/2017 19:45	Primary MD:
Visit Date: 12/21/2017 19:47	Attending MD: Joel Bailey EDMD

**Discharge Instructions****Anal Fistula**

- > Eat a high-fiber diet to help avoid constipation or as directed by your caregiver.
- > Drink enough water to keep your urine clear or pale yellow.
- > A warm sitz bath may be soothing and help with healing. You may take warm sitz baths for 15-20 minutes, 3-4 times a day to ease pain and discomfort.
- > Follow excellent hygiene to keep the anal area as clean and dry as possible. Use wet toilet paper or moist towelettes after each bowel movement.

**SEEK MEDICAL CARE IF:**

You have increased pain not controlled with medicines.

**SEEK IMMEDIATE MEDICAL CARE IF:**

- > You have severe, intolerable pain.
- > You have new swelling, redness, or discharge around the anal area.
- > You have tenderness or warmth around the anal area.
- > You have chills or diarrhea.
- > You have severe problems urinating or having a bowel movement.
- > You have a fever or persistent symptoms for more than 2-3 days.
- > You have a fever and your symptoms suddenly get worse.

**MAKE SURE YOU:**

- > Understand these instructions.
- > Will watch your condition.
- > Will get help right away if you are not doing well or get worse.

Document Released: 11/30/2009 Document Revised: 12/04/2013 Document Reviewed: 10/22/2012  
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Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1735581351

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**Emergency Department Chart**

Patient Name: SMITH, DWIGHT	Account Number: 1735581351
Medical Rec. Number: 51153538	Birthdate: 06/09/1970 Gender: M
Arrival Date: 12/21/2017 19:45	Primary MD:
Visit Date: 12/21/2017 19:47	Attending MD: Joel Bailey EDMD

**Discharge Instructions****Bloody Stools, Easy-to-Read****Bloody Stools**

Bloody stools means there is blood in your poop (stool). It is a sign that there is a problem somewhere in the digestive system. It is important for your doctor to find the cause of your bleeding, so the problem can be treated.

**HOME CARE**

- > Only take medicine as told by your doctor.
- > Eat foods with fiber (prunes, bran cereals).
- > Drink enough fluids to keep your pee (urine) clear or pale yellow.
- > Sit in warm water (sitz bath) for 10 to 15 minutes as told by your doctor.
- > Know how to take your medicines (enemas, suppositories) if advised by your doctor.
- > Watch for signs that you are getting better or getting worse.

**GET HELP RIGHT AWAY IF:**

- > You are not getting better.
- > You start to get better but then get worse again.
- > You have new problems.
- > You have severe bleeding from the place where poop comes out (rectum) that does not stop.
- > You throw up (vomit) blood.
- > You feel weak or pass out (faint).
- > You have a fever.

**MAKE SURE YOU:**

- > Understand these instructions.
- > Will watch your condition.
- > Will get help right away if you are not doing well or get worse.

Document Released: 12/06/2010 Document Revised: 03/11/2013 Document Reviewed: 05/04/2012  
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Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1735581351

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**Emergency Department Chart**

Patient Name: SMITH, DWIGHT	Account Number: 1735581351
Medical Rec. Number: 51153538	Birthdate: 06/09/1970 Gender: M
Arrival Date: 12/21/2017 19:45	Primary MD:
Visit Date: 12/21/2017 19:47	Attending MD: Joel Bailey EDMD

**Discharge Instructions****Gastroesophageal Reflux Disease, Adult, Easy-to-Read****Acid Reflux (GERD)**

Acid reflux is also called gastroesophageal reflux disease (GERD). Your stomach makes acid to help digest food. Acid reflux happens when acid from your stomach goes into the tube between your mouth and stomach (esophagus). Your stomach is protected from the acid, but this tube is not. When acid gets into the tube, it may cause a burning feeling in the chest (heartburn). Besides heartburn, other health problems can happen if the acid keeps going into the tube. Some causes of acid reflux include:

Being overweight.

Smoking.

Drinking alcohol.

Eating large meals.

Eating meals and then going to bed right away.

Eating certain foods.

Increased stomach acid production.

**HOME CARE**

Take all medicine as told by your doctor.

You may need to:

Lose weight.

Avoid alcohol.

Quit smoking.

Do not eat big meals. It is better to eat smaller meals throughout the day.

Do not eat a meal and then nap or go to bed.

Sleep with your head higher than your stomach.

Avoid foods that bother you.

You may need more tests, or you may need to see a special doctor.

**GET HELP RIGHT AWAY IF:**

You have chest pain that is different than before.

You have pain that goes to your arms, jaw, or between your shoulder blades.

You throw up (vomit) blood, dark brown liquid, or your throw up looks like coffee grounds.

You have trouble swallowing.

You have trouble breathing or cannot stop coughing.

You feel dizzy or pass out.

Your skin is cool, wet, and pale.

Your medicine is not helping.

**MAKE SURE YOU:**

Understand these instructions.

Will watch your condition.

Will get help right away if you are not doing well or get worse.

Document Released: 06/05/2009 Document Re-Released: 03/14/2011

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Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1812981424

## Gwinnett Hospital System

## Coding Summary Report

Patient Name: SMITH, DWIGHT  
MRN #: 51153538  
Account #: 1812981424

Facility Name:  
Facility Code: 110087  
Financial Class: P, Self Pay  
Payer ID:  
Patient Type: LEA  
Admit Date: 05/09/18  
Discharge Date: 05/10/18  
Discharge Disposition: A1, OP - DC - Home  
Age: 47  
Sex: M  
Attending MD: 17952, BRYANT, ALYSSA  
Coder: shrogers  
Coding Status: BillingWait  
Grouper Type:  
Grouper Version:  
DRG:  
DRG Weight:  
SOI:  
ROM:  
Analysis DRG:  
Analysis DRG Weight:  
Analysis SOI:  
Analysis ROM:  
I10 DX1: K92.1  
I10 DX2: K50.00  
I10 Admit DX: K92.1

MELENA  
CROHNS DISEASE SM INTEST W/O COMP  
MELENA

POA :  
POA :

Exhibit Pg 36



Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1812981424

Gwinnett Medical Center - Lawrenceville  
1000 Medical Center Boulevard  
Lawrenceville, GA 30046  
678-312-1000

Final

**Emergency Department Chart**

Patient Name: SMITH, DWIGHT	Account Number: 1812981424
Medical Rec. Number: 51153538	Birthdate: 06/09/1970 Gender: M
Arrival Date: 05/09/2018 23:51	Primary MD:
Visit Date: 05/09/2018 23:54	Attending MD: Alyssa Bryant MD

**Discharge Instructions****Bloody Stools, Easy-to-Read****Bloody Stools**

Bloody stools means there is blood in your poop (stool). It is a sign that there is a problem somewhere in the digestive system. It is important for your doctor to find the cause of your bleeding, so the problem can be treated.

**HOME CARE**

- > Only take medicine as told by your doctor.
- > Eat foods with fiber (prunes, bran cereals).
- > Drink enough fluids to keep your pee (urine) clear or pale yellow.
- > Sit in warm water (sitz bath) for 10 to 15 minutes as told by your doctor.
- > Know how to take your medicines (enemas, suppositories) if advised by your doctor.
- > Watch for signs that you are getting better or getting worse.

**GET HELP RIGHT AWAY IF:**

- > You are not getting better.
- > You start to get better but then get worse again.
- > You have new problems.
- > You have severe bleeding from the place where poop comes out (rectum) that does not stop.
- > You throw up (vomit) blood.
- > You feel weak or pass out (faint).
- > You have a fever.

**MAKE SURE YOU:**

- > Understand these instructions.
- > Will watch your condition.
- > Will get help right away if you are not doing well or get worse.

Document Released: 12/06/2010 Document Revised: 03/11/2013 Document Reviewed: 05/04/2012  
ExitCare® Patient Information ©2014 ExitCare, LLC.

*Exhibit Pg 37*

Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1812981424

Gwinnett Medical Center - Lawrenceville  
1000 Medical Center Boulevard  
Lawrenceville, GA 30046  
678-312-1000

Final

**Emergency Department Chart**

Patient Name: SMITH, DWIGHT	Account Number: 1812981424
Medical Rec. Number: 51153538	Birthdate: 06/09/1970 Gender: M
Arrival Date: 05/09/2018 23:51	Primary MD:
Visit Date: 05/09/2018 23:54	Attending MD: Alyssa Bryant MD

**Discharge Instructions****Gastrointestinal Bleeding**

Gastrointestinal Bleeding (GI Bleeding)  
(Bleeding from the Stomach, and/or Small Bowel,  
and/or Large Bowel/Colon)

Gastrointestinal (GI) bleeding is bleeding from the gut or any place between your mouth and anus. If bleeding is slow, you may be allowed to go home. If there is a lot of bleeding, hospitalization and observation are often required.

**SYMPTOMS**

You vomit bright red blood or material that looks like coffee grounds.  
You have blood in your stools or the stools look black and tarry.

**DIAGNOSIS**

Your caregiver may diagnose your condition by taking a history and a physical exam. More tests may be needed, including:  
X-rays.

EGD (esophagogastroduodenoscopy), which looks at your esophagus, stomach, and small bowel through a flexible telescope-like instrument.

Colonoscopy, which looks at your colon/large bowel through a flexible telescope-like instrument.

Biopsies, which remove a small sample of tissue to examine under a microscope.

**FINDING OUT THE RESULTS OF YOUR TEST**

Not all test results are available during your visit. If your test results are not back during the visit, make an appointment with your caregiver to find out the results. Do not assume everything is normal if you have not heard from your caregiver or the medical facility. It is important for you to follow up on all of your test results.

**HOME CARE INSTRUCTIONS**

Follow instructions as suggested by your caregiver regarding medicines. Do not take aspirin, drink alcohol, or take medicines for pain and arthritis unless your caregiver says it is okay.

Get the suggested follow-up care when the tests are done.

**SEEK IMMEDIATE MEDICAL CARE IF:**

Your bleeding increases or you become lightheaded, weak, or pass out (faint).

You experience severe cramps in your stomach, back, or belly (abdomen).

You pass large clots.

The problems which brought you in for medical care get worse.

**MAKE SURE YOU:**

Understand these instructions.

Will watch your condition.

Will get help right away if you are not doing well or get worse.

Document Released: 12/15/2001 Document Re-Released: 03/14/2011

ExitCare® Patient Information ©2011 ExitCare, LLC.

**Discharge Summary**

Chief Complaint: Blood in stools.. Primary Diagnosis: Painless rectal bleeding.. Discharge Prescriptions: Cipro 500 mg tablet 1 tablet(s) Orally 2 Times A Day (10 tablet(s)).. ( 05/10/2018 06:08)

**Substance Use****Reviewed**

Substance Use reviewed. [Alyssa Bryant MD: 05/10/2018 00:16]

Exhibit Pg 38



Patient: SMITH, DWIGHT HUGH MRN: 51153538 Encounter: 1812981424

Gwinnett Medical Center - Lawrenceville  
1000 Medical Center Boulevard  
Lawrenceville, GA 30046  
678-312-1000

Final

**Emergency Department Chart**

Patient Name: SMITH, DWIGHT	Account Number: 1812981424
Medical Rec. Number: 51153538	Birthdate: 06/09/1970 Gender: M
Arrival Date: 05/09/2018 23:51	Primary MD:
Visit Date: 05/09/2018 23:54	Attending MD: Alyssa Bryant MD

**Patient Problems**

Patient reports, "No Known Problems" [Confirmed by Alexander J McCarthy EDNRN on 05/10/2018 00:18:01.] (AMN 02/07/2016 19:21)  
 Acute lower gastrointestinal hemorrhage [Confirmed by Alexander J McCarthy EDNRN on 05/10/2018 00:18:01.] (JKH 09/13/2017 23:35)  
 Hemorrhagic shock [Confirmed by Alexander J McCarthy EDNRN on 05/10/2018 00:18:01.] (JKH 23:35)  
 Crohn's disease of intestine [Confirmed by Alexander J McCarthy EDNRN on 05/10/2018 00:18:01.] ( 09/16/2017 21:38)  
 history hematochezia [Confirmed by Alexander J McCarthy EDNRN on 05/10/2018 00:18:01.] (JGB3 12/22/2017 01:23)  
 Abdominal pain [Confirmed by Alexander J McCarthy EDNRN on 05/10/2018 00:18:01.] (JGB3 01:23)  
 Terminal ileitis [Confirmed by Alexander J McCarthy EDNRN on 05/10/2018 00:18:01.] (JGB3 01:23)  
 Fistula [Confirmed by Alexander J McCarthy EDNRN on 05/10/2018 00:18:01.] (JGB3 01:23)  
 Painless rectal bleeding [Confirmed by Alyssa Bryant MD on 05/10/2018 02:56:14.] (AB 02:56)

*Diagnosed  
2017*

**Reviewed**

Problems reviewed. [Alyssa Bryant MD: 05/10/2018 00:16] (AB 05/10/2018 00:16)

**Past Surgical History/Major Procedures**

COLONOSCOPY 09/14/2017 [Confirmed by Alexander J McCarthy EDNRN on 05/10/2018 00:18:19.] ( ) 09/14/2017 19:14 EGD, GOLD PROBE TO CONTROL BLEEDING CLIP APPLIED 09/14/2017 [Confirmed by Alexander J McCarthy EDNRN on 05/10/2018 00:18:19.] ( ) 09/15/2017 10:41 Control Bleeding in Gastrointestinal Tract, Via Natural or Artificial Opening Endoscopic 09/14/2017 [Confirmed by Alexander J McCarthy EDNRN on 05/10/2018 00:18:19.] Inspection of Lower Intestinal Tract, Via Natural or Artificial Opening Endoscopic 09/14/2017 [Confirmed by Alexander J McCarthy EDNRN on 05/10/2018 00:18:19.] ( ) 10/19/2017 13:58 Past Surgical History/Major Procedures reviewed. [Alyssa Bryant MD: 05/10/2018 00:16] (AB 05/10/2018 00:16)

**Review of Systems**

No fever. No chills. No cough. No shortness of breath. Has bloody/black stools. No nausea. No vomiting. No diarrhea. No abdominal pain. Except as noted, all other ROS negative. (AB) 05/10/2018 05:20

**Social History**

The patient has no TB risks or symptoms. TB screening score = 0. (AJM) 05/10/2018 00:18

**Family History**

No Relevant Family History. [Alyssa Bryant MD: 05/10/2018 00:16] (AB) 05/10/2018 00:16

**Physical Exam****GENERAL:**

Vital signs reviewed. Alert. The patient appears to be in no acute distress. (AB) 05/10/2018 05:23

**ENT:**

No evidence of venous jugular distension. The neck is supple, with no evidence of meningismus. (AB) 05/10/2018 05:23

**PULMONARY:**

Currently in no acute respiratory distress. Normal, non labored respirations. The breath sounds are normal, with good equal air movement. (AB) 05/10/2018 05:23 The chest wall is not tender to palpation. (AB) 05/10/2018 05:23

**CIRCULATORY:**

Regular rate and rhythm. No murmur. No rub. No gallop. Peripheral pulses are strong and equal. (AB) 05/10/2018 05:23

**ABDOMEN:**

The abdomen is soft and nontender to palpation. No organomegaly. No guarding. No rebound tenderness. (AB) 05/10/2018 05:23 No peritoneal signs. (AB) 05/10/2018 05:23

*Exhibit P 39*





EMORY JOHNS CREEK HOSPITAL  
6325 Hospital Parkway  
Johns Creek, GA 30097-

Patient: SMITH, DWIGHT HUGH  
MRN: EJC\_02375282  
DOB: 6/9/1970

Admit Date: 9/19/2021  
Discharge Date: 9/21/2021  
Encounter #: 70252851262

### Administrative Documents

APR DRG MDC Text: DISEASES AND DISORDERS OF THE DIGESTIVE SYSTEM  
APR DRG Version: 380  
Admit Diagnosis (Code/Text): K922 Gastrointestinal hemorrhage, unspecified  
Principal Diagnosis (POA/Code/Text): Y K922 Gastrointestinal hemorrhage, unspecified  
Secondary Diagnosis (POA/Code/Text): Y \* D62 Acute posthemorrhagic anemia  
Y E876 Hypokalemia  
Y Z20822 Contact with and (suspected) exposure to COVID-19  
Principal Procedure (Code/Text/Provider/Date): 30233N1 Transfusion of Nonautologous Red Blood Cells into Peripheral Vein, Percutaneous Approach Kim, Jae 09/20/21  
Secondary Procedure(s) (Code/Text/Provider/Date): 0DJ08ZZ Inspection of Lower Intestinal Tract, Via Natural or Art Kim, Jae 09/20/21  
Date Sent to Billing: 09/27/21  
Date Coded: 09/27/21  
Date Abstracted: 09/27/21  
Abstract Status: Complete-release to billing

DOCUMENT NAME:	ED Assistance Summary Form-Text
SERVICE DATE/TIME:	9/19/2021 02:45 EDT
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Lumsden, Michael T (9/19/2021 02:45 EDT)
SIGN INFORMATION:	Lumsden, Michael T (9/19/2021 02:45 EDT)

ED Assistance Summary Entered On: 09/19/2021 02:45 EDT  
Performed On: 09/19/2021 02:45 EDT by Lumsden, Michael T

Assistance Summary  
Assistance Summary Not Applicable : N/A

Lumsden, Michael T - 09/19/2021 02:45 EDT

**Confidentiality Statement** This information is subject to all state and federal laws regarding confidentiality and privacy and to the policies and procedures of Emory Healthcare regarding patient information. Any unauthorized use, disclosure, or reproduction of this information is strictly prohibited.

Exhibit 39



EMORY JOHNS CREEK HOSPITAL  
6325 Hospital Parkway  
Johns Creek, GA 30097-

Patient: SMITH, DWIGHT HUGH  
MRN: EJC\_02375282  
DOB: 6/9/1970

Admit Date: 9/19/2021  
Discharge Date: 9/21/2021  
Encounter #: 70252851262

ED Physician Report

Auto Nucleated Red Blood Cell, Absolute <0.01 10E3/mcL

**Reexamination/ Reevaluation**

Assessment: Dyue to level of visible blood loss, pateitnt yped and crossed for one unit. Will be admitted. .

**Impression and Plan**

**Diagnosis**

Rectal-bleeding

*Electronically Signed on 09/22/2021 11:55 PM by Khalid, Usama, MD*

**Confidentiality Statement** This information is subject to all state and federal laws regarding confidentiality and privacy and to the policies and procedures of Emory Healthcare regarding patient information. Any unauthorized use, disclosure, or reproduction of this information is strictly prohibited.

Exhibit 40





EMORY JOHNS CREEK HOSPITAL  
6325 Hospital Parkway  
Johns Creek, GA 30097-

Patient: SMITH, DWIGHT HUGH  
MRN: EJC\_02375282  
DOB: 6/9/1970

Admit Date: 9/19/2021  
Discharge Date: 9/21/2021  
Encounter #: 70252851262

### History and Physical

DOCUMENT NAME: History and Physical Hospital  
SERVICE DATE/TIME: 9/19/2021 03:05 EDT  
RESULT STATUS: Auth (Verified)  
PERFORM INFORMATION: Hill, Hana K (9/19/2021 03:08 EDT)  
SIGN INFORMATION: Hill, Hana K (9/19/2021 03:08 EDT)

#### Patient Demographics

Name: SMITH, DWIGHT HUGH  
Sex: Male  
Date of Birth: 06/09/1970  
MRN: EJC\_02375282  
FIN: 70252851262

#### Chief Complaint

BLOOD IN STOOL

#### History of Present Illness

ED requested admission to HMS for rectal bleed

c/o large amount of BRBPR x 4 episodes since 11 pm  
a/w some dizziness and nausea  
had liquid stool night before yesterday  
otherwise denies fever, chills, vomiting, abd pain  
reports hx anal fistula requiring ICU admission and transfusion in 2017 at OSH  
s/p repair x4, most recently in Feb 2021  
c/scope 2 yrs ago unremarkable other than the fissure per pt  
took leftover cipro and flagyl PTA  
denies taking asa, nsalds

in the ED, vss  
h&h 12.5/39.9 (hgb 14 in 11/2020 per pt's personal record)

#### Review of Systems

10 systems were reviewed and negative except as mentioned above.

#### Physical Exam

##### Vitals & Measurements

T: 37.2 °C TMIN: 36.8 °C TMAX: 37.2 °C HR: 91 RR: 20  
BP: 124/86 SpO2: 100% WT: 74.1 kg BMI: 24.1

General: No acute distress.

HEENT: Normocephalic, pupils equal and round, moist mucous membranes.

Neck: Supple.

Cardiovascular: RRR, no harsh murmurs appreciated.

Respiratory: CTAB, nonlabored breathing.

#### Problem List/Past Medical History

##### Ongoing

No qualifying data

##### Historical

No qualifying data

anal fissure, otherwise denies

#### Medications

##### Inpatient:

Acetaminophen 325 mg tab (acetaminophen), 650 mg= 2 tab(s), PO, q6hr, PRN

lactated ringers 1,000 mL (LR 1,000 mL), 1000 mL, IV

Al/Mg hydrox/Simeth (Maalox) liq 30mL UD (Maalox), 30 mL, PO, q6hr, PRN

Melatonin 3 mg tab (Melatonin), 3 mg= 1 tab(s), PO, qHS, PRN

piperacillin-tazobactam in ns (piperacillin-tazobactam ivpb), 4.5 gm= 100 mL, IVPB, every8hr

##### Home

No active home medications

#### Allergies

No known allergies

#### Social History

Alcohol: social

Tobacco: denies

Illicit drugs: denies

#### Family History

reviewed with the pt, denies significant hx, parents are healthy

#### Immunizations

No qualifying data available.

#### Lab Results

Lab Fishbone (BMP, CBC, CMP, Diff) and critical labs -

Last 24 hours

(Not an official lab report. Please see flowsheet (or printed official lab reports) for official lab results.)

#### Confidentiality Statement

This information is subject to all state and federal laws regarding confidentiality and privacy and to the policies and procedures of Emory Healthcare regarding patient information. Any unauthorized use, disclosure, or reproduction of this information is strictly prohibited.

Exhibit 41



# EXHIBIT 3

**O'KELLEY & SOROHAN**

ATTORNEYS AT LAW, LLC

JOE F. O'KELLEY, JR.

DIEDRA L. SOROHAN

2170 SATELLITE BLVD.  
SUITE 375  
DULUTH, GEORGIA 30097  
DIRECT LINE: (770) 622-2662  
FAX: (678) 812-1173

March 3, 2021

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**  
**AND FIRST CLASS MAIL U.S. P.S.**

**CERTIFIED MAIL ARTICLE NO.**  
**9407111899560511810556**

Catherine Smith, Dwight Smith, and All Others  
480 Leasingham Way  
Johns Creek, GA 30097

**NOTICE TO VACATE PROPERTY ON OR BEFORE**  
**MARCH 6, 2021 AT 11:59 P.M**

**Re: Material Lease Violation and Notice to Vacate the Property Located at 480 Leasingham Way, Johns Creek, GA 30097**

Dear Catherine Smith, Dwight Smith, and All Others:

This firm represents AMH 2014-1 Borrower, LLC (the "Landlord") and AH4R Management – GA, LLC (d/b/a "American Homes 4 Rent") (the "Property Manager") with regard to that certain Residential Lease Agreement ("Lease") wherein the Landlord leased to you, Catherine Smith and Dwight Smith, as tenants, the real property located at 480 Leasingham Way, Johns Creek, GA 30097 ("Property"). The purpose of this correspondence is to notify you that you have breached your obligations under the Lease as explained in more detail below:

**I. Prohibited Activity**

In Section 16 of the Landlord's Rule and Regulations addendum, which is incorporated into and made a part of the Lease, you agreed not to obstruct, interfere with, or infringe on the rights of other neighbors. Furthermore, in Section 16, you agreed not to permit any part of the Property to be used in connection with any unlawful activity or with any activity that is a nuisance, offensive, noisy, or dangerous.

It has come to the Landlord's attention that you have been involved in numerous incidents that are in direct violation of Section 12 of the Landlord's Rule and Regulations addendum. Per the reports from the Johns Creek Police, neighbor complaints, and other evidence, it has been determined that you have engaged in activity that neighbors have deemed harassing in nature. Furthermore, the Johns Creek Police Department received several reports that you have acted in a menacing and threatening manner towards other neighbors, and interfered with their peaceable and private enjoyment of their home. Said criminal activities are reported to have occurred on and/or near the Property. This is a clear violation of your lease agreement.

480 Leasingham Way, Johns Creek, GA 30097

Page 2 of 2

**YOU ARE HEREBY DEMANDED TO CEASE ENGAGING IN ACTIVITIES TOWARDS OTHER NEIGHBORS THAT COULD BE CONSIDERED TO BE MEANING, THREATENING, STALKING, OR HARASSING.**

**For the safety of all those involved, the Landlord takes allegations of this nature seriously. A single violation of any provision in the lease agreement is deemed a serious and material breach of the Lease, and good cause for immediate termination of the tenancy.**

**Based on these direct and material breaches of the Lease, the Landlord is exercising its right to terminate the Lease immediately and you are expected to vacate the Property on or before March 6, 2021 at 11:59 P.M.**

You remain responsible for rent, utilities, and all other fees incurred as a result of your occupancy in the Property through March 6, 2021, or the date that you vacate the Property, whichever occurs last. While my clients may accept rental payments through the time period provided to vacate the Property, such acceptance of payments shall not constitute a waiver of rights to proceed with filing a subsequent dispossessory proceeding should you fail to vacate the Property by March 6, 2021 at 11:59 P.M.

If you continue to reside in the Property beyond March 6, 2021, you will be deemed a holdover tenant, and the Landlord shall have all remedies under Georgia law, including the right file a dispossessory action against you.

The Landlord reserves all rights to pursue any claims for damages to the property that were the result of your actions or omissions in maintaining the property, normal wear and tear excluded. The Landlord asserts a right to any amounts to which it may be entitled, including any amounts set forth in Section 5 of the Lease. Our client also reserves the right to pursue any and all available legal and/or equitable remedies it may have against you

Should you further damage the Property upon vacating the same, in addition to seeking criminal enforcement, our client maintains the right to pursue reimbursement for the costs associated with restoring the Property to the condition it was when the same was conveyed to you at the beginning of the Lease term.

Upon receipt of this letter, please contact our office immediately at (770) 622-2662 so that we can coordinate a move-out inspection of the Property, the return of all keys, and obtain possession. **Failure to comply will result in a dispossessory action against you.**

Sincerely,



Gabrielle E. Espy  
Attorney at Law  
O'Kelley & Sorohan, Attorneys at Law, LLC



# EXHIBIT 4

# O'KELLEY & SOROHAN

ATTORNEYS AT LAW, LLC

JOE F. O'KELLEY, JR.

DIEDRA L. SOROHAN

2170 SATELLITE BLVD.  
SUITE 375  
DULUTH, GEORGIA 30097

JOSEPH P. FARRELL  
MAIN OFFICE (770) 497-1880  
DIRECT: (678) 252-0057  
JFarrell@oslawllc.com

December 30, 2022

**VIA FEDEX AND  
FIRST CLASS MAIL U.S.P.S.**

Dwight Smith and All Others  
480 Leasingham Way  
Johns Creek, GA 30097

**FEDEX TRACKING NO.:**

7709 1166 1289

*Also, via Email:*  
[dwighthsmith@yahoo.com](mailto:dwighthsmith@yahoo.com)

**NOTICE OF TERMINATION OF MONTH-TO-MONTH TENANCY AND SIXTY (60) DAY  
NOTICE TO VACATE, OR BY TUESDAY, FEBRUARY 28, 2023**

**Re: Demand for Possession of Property at 480 Leasingham Way, Johns Creek, GA 30097**

Dear Dwight Smith and All Others:

This firm represents AMH 2014-1 Borrower, LLC (the "Landlord") and AH4R Management – GA, LLC (d/b/a "American Homes 4 Rent") (the "Property Manager") with regard to that certain Residential Lease Agreement with a commencement date of January 8, 2021 ("Lease"), wherein the Landlord leased to you, as a tenant, the above-referenced real property, 480 Leasingham Way, Johns Creek, GA 30097 (the "Premises").

The Expiration Date of your Lease was January 10, 2022, thereafter, the Lease automatically renewed on a 'month-to-month' basis. The Landlord has elected to terminate your month-to-month Lease. Therefore, please allow this letter to serve as my clients' Notice of Termination of Month-to-Month Tenancy and Sixty (60) Day Notice to Vacate with respect to the Premises, which will expire **SIXTY (60) DAYS** from today, on February 28, 2023. If at the end of the thirty-day time frame, or by 11:59 p.m. on February 28, 2023, you fail or refuse to vacate the Premises, the Landlord will demand immediate possession of the Premises and an eviction action will be commenced seeking possession of the Premises against you for wrongful holdover, to also include, but not limited to, seeking any current arrears, reasonable attorney's fees, and litigation costs.

[THIS IS A TWO-PAGE NOTICE]

**THIS COMMUNICATION IS FROM A DEBT COLLECTOR ATTEMPTING TO COLLECT A DEBT; ANY INFORMATION OBTAINED  
WILL BE USED FOR THAT PURPOSE.**

While my clients may accept rental payments through the sixty (60) days, such acceptance of payments shall not constitute a waiver of rights to proceed with filing a subsequent dispossessory proceeding should you fail to vacate the Premises by 11:59 p.m. on February 28, 2023. Please contact the Landlord or Property Manager prior to February 28, 2023, to schedule a move-out inspection and coordinate the delivery of possession of the Premises. Further, my clients reserve all their rights to pursue any claims for damages to the Premises that are the result of your actions or omissions in maintaining the Premises, normal wear and tear excluded.

Sincerely,

*/s/ Joseph P. Farrell*

Joseph P. Farrell, Attorney at Law  
O'Kelley & Sorohan, Attorneys at Law, LLC

cc: AMH 2014-1 Borrower, LLC  
AH4R Management – GA, LLC (d/b/a “American Homes 4 Rent”)



# EXHIBIT 5

Re: Reasonable Accommodation Request For More Time to Comply with Notice for DWIGHT SMITH – 480 LEASINGHAM WAY DULUTH GA 30097.

From: dwight smith (dwiththsmith@yahoo.com)

To: GEspy@oslawllc.com

Cc: lstephens@ah4r.com

Date: Saturday, March 20, 2021 at 09:30 PM EDT

3/20/21

To: AH4R – America Home 4 Rent

From: DWIGHT SMITH

480 LEASINGHAM WAY

DULUTH GA 30097

770 344 9027

DWIGHTHLSMITH@YAHOO.COM

Re: Reasonable Accommodation Request For More Time to Comply with Notice for DWIGHT SMITH – 480 LEASINGHAM WAY DULUTH GA 30097.

This letter serves as a formal reasonable accommodation request regarding the Notice dated March 9 2021, in which you ask me to vacate the property by March 27.

I am requesting that you give me until May 30, 2021 to comply with the notice as a reasonable accommodation for my **Disabilities**.

I am a person with physical disabilities. As a result of my disabilities and recent surgery, it would be difficult for me to comply with the notice on such a short timeline because I cannot lift boxes or engage in physical activities and my medical provider is close in proximity to the residence 480 Leasingham.

I am looking for another home in the area. Due to **Covic** it's been hard to find a location that would allow me to continue to take care of my Disabilities. Moving right now would cause extreme harm to my health.

As a housing provider that operates single and multi-family housing, you are subject to the Federal Fair Housing Act (FHAA), and the Georgia Housing Act.

Both federal and state fair housing laws make it unlawful for a housing provider to discriminate against people with disabilities. The FHAA requires housing providers to “make reasonable accommodations in rules, policies, practices, or services” in order to grant a person with disabilities “equal opportunity to use and enjoy a dwelling.” 42 U.S.C. § 3604(f)(3)(B); 24 C.F.R. § 100.204(a); Giebler v. M & B Assocs., 343 F.3d 1143, 1146 (9th Cir. 2003).

Specifically, the FHAA “imposes an affirmative duty upon landlords reasonably to accommodate the needs of [people with disabilities],’ not only with regard to the physical accommodations” but also with regard to the “administrative policies governing rentals,” such as policies governing the termination of tenancy in rental properties.

In conclusion, I am a person with a disability who needs more time to comply with the notice More specifically, I am requesting that you give me until May 30, 2021.

If you cannot grant my request, Fair Housing laws require that you engage in the interactive process with me to try and reach an accommodation that meets my disability-related needs. Due to the time-sensitive nature of the situation, I request a response from you as soon as possible.

You can reach me at 770-344-9027 or by email at DwightHLsmith@yahoo.com. Please be aware that an undue delay in responding to a reasonable accommodation request may be construed as a denial. A landlord's failure to grant a reasonable accommodation request may be used as an affirmative defense in an unlawful detainer action.

Sincerely

Dwight Smith

3/20/2021

On Monday, March 15, 2021, 04:47:21 PM EDT, Gabrielle Espy <gespy@oslawllc.com> wrote:

I am out of the office. If you need immediate assistance, please contact my legal assistant, Jonathan Daniel at JDaniel@oslawllc.com, or my colleague, Joe Farrell at JFarrell@oslawllc.com.

#### **Disclaimer**

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).



# EXHIBIT 6

6/15/23, 7:55 PM

Yahoo Mail - RE: Leas Violation - Criminal Activity | 480 Leasingham Way

**RE: Leas Violation - Criminal Activity | 480 Leasingham Way**

From: mcohen@nsidelaw.com (mcohen@nsidelaw.com)

To: dwighthsmith@yahoo.com

Date: Tuesday, April 20, 2021 at 11:15 AM EDT

This is so unbelievable. I hate this for you

Michael J. Cohen  
Northside Law Center, LLC  
3340 Peachtree Rd. NE, Suite 2570  
Atlanta, GA 30326  
Off (404) 303-2733; Off Fax (404)-445-0419  
Cell (404) 309-9050  
[mcohen@nsidelaw.com](mailto:mcohen@nsidelaw.com)

**From:** dwight smith <[dwighthsmith@yahoo.com](mailto:dwighthsmith@yahoo.com)>  
**Sent:** Tuesday, April 20, 2021 11:13 AM  
**To:** [mcohen@nsidelaw.com](mailto:mcohen@nsidelaw.com)  
**Subject:** Re: Leas Violation - Criminal Activity | 480 Leasingham Way

We are paralyzed by the harassment and been unable to make a decision. Need to get a chance to stand back and make decision. Been ambushed with sensor cameras, garbage confrontation and verbal abuse.

Last week we stayed in the house for 4 days. Unable to get food or water and afraid to order take out.

Will get back to you in a few days. Unable to protect ourselves.

On Tuesday, April 20, 2021, 11:06:19 AM EDT, [mcohen@nsidelaw.com](mailto:mcohen@nsidelaw.com) <[mcohen@nsidelaw.com](mailto:mcohen@nsidelaw.com)> wrote:

This is nuts. Please give me a date to vacate. I am sorry you are going through this

Michael J. Cohen  
Northside Law Center, LLC  
3340 Peachtree Rd. NE, Suite 2570  
Atlanta, GA 30326  
Off (404) 303-2733; Off Fax (404)-445-0419

6/15/23, 7:55 PM

Yahoo Mail - RE: Leas Violation - Criminal Activity | 480 Leasingham Way

Cell (404) 309-9050

[mcohen@nsidelaw.com](mailto:mcohen@nsidelaw.com)

---

**From:** Gabrielle Espy <[GEspy@oslawllc.com](mailto:GEspy@oslawllc.com)>  
**Sent:** Tuesday, April 20, 2021 10:49 AM  
**To:** [mcohen@nsidelaw.com](mailto:mcohen@nsidelaw.com)  
**Cc:** Jonathan Daniel <[JDaniel@oslawllc.com](mailto:JDaniel@oslawllc.com)>  
**Subject:** Leas Violation - Criminal Activity | 480 Leasingham Way

Good Afternoon Mr. Cohen,

It appears that yesterday the Johns Creek Police surrounded 480 Leasingham Way ("Property") with guns drawn.

In Section 16 of the Landlord's Rule and Regulations addendum, which is incorporated into and made a part of the Lease pursuant to Section 12, the tenants of the Property ("Tenants") agreed not to obstruct, interfere with, or infringe on the rights of other neighbors. Furthermore, in Section 16, the Tenants agreed not to permit any part of the Property to be used in connection with any illegal or unlawful activity or with any activity that is offensive, noisy, or dangerous.

There has been a clear violation of Sections 12 and 16 of the Lease that prohibits any criminal activity on or near the Property. We are concerned for the safety of residents, guests, and neighbors should the Tenants continue to reside in the Property. **Accordingly, my clients demand the tenants immediately vacate the Property.**

The Tenants remain responsible for rent, utilities, and all other fees incurred as result of their occupancy in the Property through the day that they vacate the Property. While my clients may accept rental payments before the Tenants vacate the Property, such acceptance of payments shall not constitute a waiver of rights to proceed the current dispossessory proceeding.

The Landlord reserves all rights to pursue any claims for damages to the Property that were the result of the Tenants' actions or omissions in maintaining the Property, normal wear and tear excluded. The Landlord asserts a right to any amounts to which it may be entitled, including any amounts set forth in Sections 4 of the Lease, such as late fees, attorneys' fees, and court costs. Our client also reserves the right to pursue any and all available legal and/or equitable remedies it may have against you

Should you further damage the Property upon vacating the same, in addition to seeking criminal enforcement, our client maintains the right to pursue reimbursement for the costs associated with restoring the Property to the condition it was when the same was conveyed to you at the beginning of the Lease term.

Upon receipt of this letter, please contact our office immediately at (678) 812-3677 so that we can coordinate a move-out inspection of the Property, the return of all keys, and obtain possession.



6/15/23, 7:55 PM

Yahoo Mail - RE: Leas Violation - Criminal Activity | 480 Leasingham Way

Also, your clients contacted our office via email, as seen attached. Our team will not respond to the Tenants directly due to your current representation.

Best Regards,

Gabrielle E. Espy | Attorney

**O'Kelley & Sorohan, Attorneys at Law, LLC**

2170 Satellite Blvd, Ste. 375 | Duluth, Georgia | 30097

**Direct:** 678.812.3677 | **Fax:** 678.812.1173

[www.okelleyandsorohan.com](http://www.okelleyandsorohan.com)



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nobody call the police on a chi wa wa. this is what we have been dealing with the last two years. Mandys bite was a sideways nip that means that she came onto the property to touch the dog. She has done that before. three adults

# EXHIBIT 7

**OFFICER WILSON BODY CAM 4/19/2021**  
**IMAGE OF OFFICER ROWE: PISTOL IN HIGH READY**  
**POSITION TIMESTAMP 8:14**



**OFFICER WILSON BODY CAM 4/19/2021**  
**IMAGE OF OFFICER EHRENREICH: TIME STAMP 8:21**



P81



**OFFICER WILSON BODY CAM 4/19/2021**



Ps 2

**OFFICER WILSON BODY CAM 4/19/2021**



**PICTURE OF PLAINTIFF TIME STAMP 8:59**



1/3



**OFFICER ROWE BODY CAM 4/19/2021:**

**Officer Ehrenreich Officer Rowe Body Cam Hands on trigger**



**OFFICER ROWE POINTING GUN AT HOME**



Pg 4





**OFFICER ROWE BODY CAM 4/19/2021:**  
**PICTURE OF OFFICER ROW FROM OFFICER WILSON**  
**BODY CAM TIME STAMP 8:14 \*Hand on Trigger** Officer is  
in a <sup>safe</sup> distance/position. There is no threat



P85

**OFFICER ROWE BODY CAM 4/19/2021:**



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**OFFICER ROWE BODY CAM 04/19/2021**



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**OFFICER EHRENREICH BOBY CAM 4/19/2021:**



OFFICER EHRENREICH WAS NOT VISIBLE AT THE TIME HE ALLEGED AN ATTACK. HE WAS STANDING NEAR THE EDGE OF THE DECK WHERE HE WAS NOT VISISBLE TO THE PLAINTIFF BYRANT SMITH OR CATHERINE SMITH: BODY CAM TIME STAP 8:07:30

*Ps &*

**OFFICER EHRENREICH BOBY CAM 4/19/2021:**



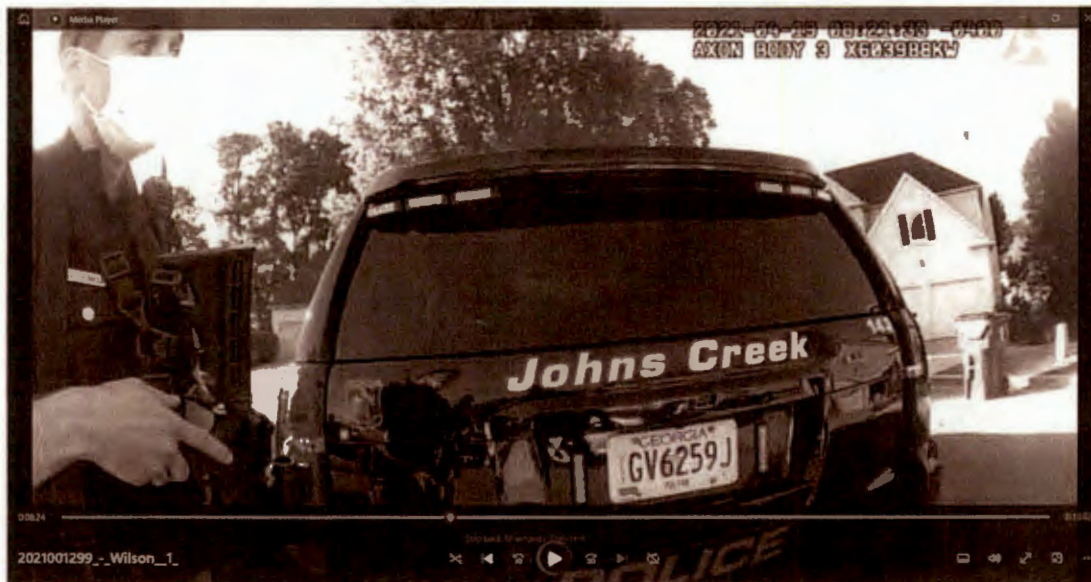
OFFICER EHRENREICH RUN TO THE CORNER OF THE DECK WHICH TOOK 4 SECONDS. AFTER ALLEGING HE IS UNDER ATTACK. TIME STAMP BODYCAM 8:07:34



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**PICTURE OF OFFICER EHRENREICH FROM OFFICER  
WILSON BODY CAM: TIMESTAMP 8:21  
- HANDS ON TRIGGER -**



Pg 10



**VIEW OF PLAINTIFF BACK DECK:**



Ps11

pg 12



OFFICER HODGE BODY CAM 4/19/2021



**OFFICER HODGE DASH CAM 4/19/2021**



Pg 13



**OFFICER HODGE DASH CAM 4/19/2021**



P314

**OFFICER HODGE DASH CAM 4/19/2021**



Ps 15



**OFFICER HODGE DASH CAM 4/19/2021**



Ps 16



**OFFICER MASARELLI BODY CAM 4/19/2021**



pg 17

**OFFICER MASARELLI BODY CAM 4/19/2021**



**HAND ON TRIGGER**



P. 18



**OFFICER MASARELLI BODY CAM 4/19/2021**  
**Hand on Trigger Pointing Gun at Plaintiff House**



P519



**OFFICER MASARELLI BODY CAM 4/19/2021**



**Gun held in high position above knee and pointing at house**

Ps 20

**OFFICER ROSENQUIST BODY CAM 4/19/2021**



**OFFICER ROSENQUIST CARRING A SHIELD: FROM  
OFFICER SMITH BODY CAM**



Ps 21

**OFFICER ROSENQUIST BODY CAM 4/19/2021**



pg 12



**OFFICER TAIT BODY CAM 4/19/2021**



Pg 23

**OFFICER TAIT BODY CAM 4/19/2021**



ps 24

**OFFICER LOWELL BODY CAM 4/19/2021**



Pc 25



**OFFICER SMITH BODY CAM 4/19/2021**



P826

OFFICER SMITH BODY CAM 4/19/2021



Ps 27



**OFFICER SMITH BODY CAM 4/19/2021**



Ps 28



**OFFICER OKESSON BODY CAM 4/19/2021**



pg 29

# EXHIBIT 8

**DECLARATION OF ADDITION FACTS OF OFFICER EHRENREICH**  
**ACTIONS UNDERNEATH PLAINTIFFS DECK FROM OFFICE**  
**EHRENREICH BODY CAM**

**4/19/2021 The Incident:**

While underneath the back porch/deck area Plaintiffs Bryant Smith and Catherine Smith could not see Officer Ehrenreich.

Officer Ehrenreich Was acting outside the scope of his authority when he ran and called arrest and seized the Plaintiffs with an assault rifle without reasonable suspicion. Officer Ehrenreich was in a safe position more than 30 feet away from Catherine Smith or Bryant Smith. No threats were made or any actions that would cause Officer Ehrenreich to fear for his safety.<sup>1</sup>

---

We look to the totality of the circumstances to decide if the police had reasonable suspicion. See *United States v. Lindsey*, 482 F.3d 1285, 1290 (11th Cir. 2007). This reasonable-suspicion inquiry ultimately hinges on “both the content of information possessed by police and its degree of reliability.” *Alabama v. White*, 496 U.S. 325, 330 (1990). To determine whether the reasonable articulable suspicion test is met, police and courts must analyze the totality of the circumstances with stress on the same factors (veracity, reliability, basis of knowledge, corroboration, etc.) *Alabama v. White*, 496 U.S. 325, 339 (1990).that are relevant in determining probable cause



**A REASONABLE JURY COULD FIND THAT OFFICER ENREICHICH  
DID NOT HAVE ARTICUALBLE REASONABLE SUSPICION AND/OR  
PROBABLE CAUSE TO ARREST THE PLAINTIFFS**

Officer Ehrenreich was under the deck when Catherine Smith asked him to vacate the property. Bryant and Both Catherine was on the deck but retreated back inside of the house. Simultaneously at the same time, Officer Ehrenreich alleged for unknown reasons to his dispatch the Plaintiffs are coming to attack him. Officer Ehrenreich was not visible nor did the Plaintiff Catherine Smith or Bryant Smith **did not hear** him allege the attack - This information was extracted from his body cam.

While under the deck, Officer Ehrenreich kept yelling come get your dog without being able to see Bryant Smith. At later point, he said Dwight Smith was Bryant Smith. There is a big difference in the looks of both. Bryant is in his mid-twenties and Dwight is in his Fifties.

Both Catherine Smith and Bryant Smith was standing near the back kitchen door, which you cannot see from underneath the deck. The Kitchen door sits in the middle of the deck.

When Catherine Smith told Bryant Smith to not go down below the deck area, fearing for her sons' safety.

The police body cam shows, Officer Ehrenreich can be seen immediately turning his body away from the stairs and running in the other direction. Within 4 seconds you can hear him on the body cam call dispatch and state they are coming to attack me **[without even looking back.]** You can also hear the **officer objectively state,** no crime has been committed. He turns the corner after 4 seconds and the deck is no longer visible as he is on the side of the house. He never looks to back to see if he is being followed or if someone came down the stairs.

Several questions can come from this scenario, how could the officer determine if someone is coming to attack him without looking back. There is no physical evidence of someone running down the stairs. There is no audible evidence of someone running down wooden stairs.

Plaintiff Catherine Smith dispute Officer Ehrenreich statement she was holding Bryant Smith back. Catherine Smith never held Bryant arm or tried to hold him back. Also, the fact is disputed that Bryant Smith came running down the stairs. Officer Ehrenreich runs after Catherine<sup>PSK</sup> him to leave the property.

Bryant made his own decision to remain on the deck and go back inside.

Furthermore, Because Bryant is 6 foot tall 200 pounds, there is no way Catherine Smith could hold him back at 5 four 150 pounds.

In addition, the gate to the back deck was locked. The wooden steps are unstable because the deck is 30 years old and was in need of repair. In addition, it would take about 14 to 18 second to open the gate and make it down the stairs. The officer was gone within 4 seconds from the time Catherine Smith asked him to get off the property.

During the timeframe, Bryant Smith, did not make any noise or talk to the officer. Bryant Smith, did not make any movement or gestures. Bryant Smith, view of the officer was limited because he was under the stairs. Bryant Smith does not have a criminal record. Bryant Smith was not held back by Catherine Smith as the officer falsely alleged. Furthermore, Bryant Smith never went down the stairs as the officer falsely alleged.

The officer fled on his own personal reasons not having anything to do with the Plaintiffs actions. Plaintiffs believe he called for the warrantless arrest to retaliate because Catherine Smith asked him to vacate the property.

At some point, he told the first responding Officer Rowe, he is not trying to get attacked over a Chihuahua. He also told the responding officer Rowe, no crime was committed and the Plaintiffs did not have any weapons.



Officer Ehrenreich told another responding officer Tait, he did not see any weapons. Officer Ehrenreich also told multiple officers including Officer Wilson, Officer Okesson, and Officer Rosenquist, he did not see any weapons.

**Officer Ehrenreich changed his allegation by shifting answers.**

Officer Ehrenreich told Officer Wilson, Officer Rowe, and Officer Tait, Bryant Smith came running down the stairs directly at him and he ran out of there. Plaintiffs dispute this statement, there is no body cam evidence to support this allegation

At another point, he told Officer Okesson, Bryant Smith told him to get off the property while running down directly at him. Plaintiffs dispute this statement because Bryant Smith never spoke to him, nor is there any body cam evidence to support this allegation.

**The officer alleged during the Internal Investigation the Following Story –**

While near the rear of the back deck, Ofc. Ehrenreich stated he was confronted by the homeowner, a possible Hispanic female, and a Black male. He said the female, later identified as Catherine Smith, was yelling at him to "get off our property." Ofc. Ehrenreich said Catherine was holding the male's arm, later identified as Dwight Smith, in an attempt to keep him from coming down the stairs...

Ehrenreich stated Dwight Smith came charging down the stairs, which caused him to [begin to walk away.] Ofc. Ehrenreich said that once the male made it to the bottom of the steps, he fled toward the front for fear of being physically attacked. Ofc. Ehrenreich got out his patrol rifle, took up a cover position behind his

patrol vehicle, and continued to call out on the radio.

There is no evidence on the Body Cam that show Officer Enrenreich walking slowly then, eventually running. There is no evidence of Bryant Smith making it down the stairs. The Body Cam shows, the officer immediately running after being asked to vacate the property. This information conflicts an earlier version of alleging the Plaintiff bum-rushed straight at him down the stairs and he took off running immediately. This is a much different version of slowly waking away then running.

Furthermore, The Plaintiffs believe the officer was retaliating because Catherine Smith asked him to leave the property. He was in a safe position under the deck, being over 30 feet away from the Plaintiffs underneath the deck. After, making a decision to run to the front of the property, the officer was still in as safe position over 80 feet away from the back of the house and he was Safe at over 40 feet from the front door. At any rate, there was no need to call for arrest or pull an assault rifle as the plaintiffs posed no danger.

Once up front, Bryant Smith briefly opened the door, then closed the door. He was not aware that Ehrenreich was calling for arrest, because no one knew. He only seen a patrol car with someone standing behind the car holding a weapon and yelling. Officer Ehrenreich stated that was Cahterine Smith, which is also disputed.



At some point the officer mistakenly identified Dwight Smith as Bryant Smith. The two look distinctively different. Bryant is young and have a beard. Dwight Smith is 54 years old and 5, 9 around 160, Bryant Smith is 6 foot tall , 200 pounds. Identification Issues Continued After the Incident, **Shifting Stories** to Try to Articulate Reasonable Suspicion.

**NO VALID CHARGES AGAINST ANY OF THE PLAINTIFFS**

The City of Johns Creek Also admit there was no valid charges based on their internal investigation. Officer Wilson the in charge supervisor on his internal investigation body cam admit there was no valid charges. Officer Hodge on his police report admits there is no valid charges, and Officer Ehrenreich on his internal investigation report admits there is no charges.

Furthermore, The Plaintiffs have never charged with any crime resulting from the false arrest and seizure on 4/19/2021.

**A REASONABLE JURY COULD FIND THAT EHRENEICH DID NOT OBTAIN A WARRANT**

Warrantless Arrest without a warrant, without reasonable suspicion, without probable cause is unreasonable. At the time Ehrenreich called for arrest, he could not articulated particularized suspicion or probable cause to invoke a warrantless arrest.

**Plaintiffs Expectation of Privacy:**

The Plaintiffs' did not expect to be seized for going into their home and asking the officer to leave the property. The Officers' Loud Yelling and calling for arrest can



be seen by society as intrusive, the house was surrounded by police officers.

Officer Hodge Dash Cam shows there were several neighbors walking throughout the neighborhood or that were standing watching the incident. The Plaintiffs suffered psychological trauma as a result of the unlawful seizure intrusion and the gun drawn and being pointed at the house.

Plaintiffs were on an enclosed back deck with the gate closed. The officer unlawfully acted outside the scope of his authority when he choose to retaliate solely for the purpose of Catherine Smith asking him to leave the property. <sup>2</sup>

The Plaintiffs back deck was used for exercise, prayer, family cookout, it was used daily by their loving dog. The deck/back porch sat off the eating area of the Kitchen. The Plaintiffs were arrested while peacefully inside their home. The officer, decision to retaliate was without suspicion a crime had been committed nor was there exigent circumstances which could cause an objective officer to

---

<sup>2</sup> Curtilage is an area near and closely associated with the home; at the founding, it was considered part of the house for Fourth Amendment purposes. See *Collins v. Virginia*, 138 S. Ct. 1663, 1676 (2018) (Thomas, J., concurring) (citing 4 William Blackstone, *Commentaries on the Laws of England* 225 (1769)). The most recent Supreme Court case on the issue (and the one Bruce leans on to show plain error) is *Collins v. Virginia*. That question turns on four fact intensive inquiries: “(1) the proximity of the area claimed to be curtilage to the home; (2) the nature of the uses to which the area is put; (3) whether the area is included within an enclosure surrounding the home; and, (4) the steps the resident takes to protect the area from observation.” *United States v. Taylor*, 458 F.3d 1201, 1206 (11th Cir. 2006).

determine a crime had been committed." Exigencies that justify setting the warrant requirement aside include 1) the threat of loss of evidence, 2) physical danger to police officers, third parties, or even the suspect, and 3) danger of escape. "Exigent circumstances tend to be present in the following kinds of cases. None of these circumstances were present during the warrantless arrest and seizure.

**A REASONABLE JURY COULD FIND THAT THAT OFFICER EHRENDRICH PROVIDED 3 DIFFERENT LEVELS OF MAJOR INTRUSION OF SEIZURE**

**1. FIRST SEIZURE AND UTILIZATION EXCESSIVE FORCE**

The first unlawful seizure took place when he failed to justify articulable suspicion for a warrantless arrest absent exigent circumstance. Plaintiffs weren't even aware of the actions he was taking. Bryant Smith initially open the front door and saw someone standing behind the vehicle with what appeared to be an assault rifle with the hands on the Trigger. Terrified and confused in fear of his safety, he closed the door in and went back inside. Dwight Smith then looked out the upstairs window and told Catherine Smith that he sees him holding a Assault Rifle with his hands on the trigger and yelling at the property. We were unaware that he ran from the deck area to the front claiming an false attack took place. It did not make any sense. [A suspect is in custody whenever an officer "restrains the freedom of a person to walk away, he has seized that person." Tennessee v. Garner, 471 U.S. 1, 7, 105 S.Ct. 1694, 85 L.Ed.2d 1 (1985) (citing United States v. Brignoni-Ponce, 422 U.S.



873, 878, 95 S.Ct. 2574, 45 L.Ed.2d 607 (1975)). Because the police surrounded Mercado and there was no way for him to escape, he was "seized" for the purposes of the Fourth Amendment. Even if Mercado was not seized at the point when he was surrounded by police, he was seized at the time he was struck by the projectile from the Sage Launcher. See Carr v. Tatangelo, 338 F.3d 1259, 1268 (11th Cir.2003)." Id., Mercado, p. 1162, fn. 1. See also Menuel v. City of Atlanta, 25 Fed. 3rd 990, 995 (1994), there the Court held "the word "seizure" readily bears the meaning of a laying on of hands or application of physical force to restrain movement, even when it is ultimately unsuccessful...." See also Vaughan v. Cox, 343 F.3d 1323, 1328-1329 (11th Cir., 2003)]

## **2. SECOND SEIZURE AND UTILIZATION EXCESSIVE FORCE**

The second seizure occurred when officer Tait arrived and started Loud Yelling. Apparently, Ehrenreich told him his PA system was not working.. The officers were in a safe area. And Ehrenreich failed to articulate reasonable suspicion a crime had been committed. In fact he tells Officer Tait, no crime has been committed. He also, tells Officer Tait, the Plaintiffs have no weapons.

Announcing the event on PA system was a invasion of privacy as they announced to the entire neighborhood the Plaintiffs were under arrest. Officer Ehrenreich then takes a position with his gun at the back of the car.



Furthermore, Ehrenreich can be seen lurking around with an assault rifle, hands on trigger.

**3. THIRD SEIZURE AND UTILIZATION EXCESSIVE FORCE**

When officer Rowe arrived and other officer can be seen arriving and forming a perimeter in front of the house. The Officers were ordered to form a Perimeter over the radio transmission. Officer Rowe can be seen holding a handgun. Dwight Smit saw him through the lower basement window pointing his gun at the property. Plaintiffs dispute Officer Rowe version that he did not point the gun. Officer Massarelli, can also be seen pointing an assault rifle from a low position, hands on trigger. Other Officer can be seen forming a cutoff at the side and back of the house. Officer Wilson, body cam shows multiple Officers with the guns in the ready position both in the back, side, and the front of the property.

# EXHIBIT 9

**O'KELLEY & SOROHAN**

ATTORNEYS AT LAW, LLC

JOE F. O'KELLEY, JR.

DIEDRA L. SOROHAN

2170 SATELLITE BLVD.  
SUITE 375  
DULUTH, GEORGIA 30097

JONATHAN DANIEL  
MAIN OFFICE (770) 497-1880  
DIRECT:  
FAX:  
EMAIL: jdaniel@oslawllc.com

October 1, 2021

**VIA FEDEX OVERNIGHT**

Cathelene "Tina" Robinson  
Fulton County Clerk of Magistrate Court  
141 Pryor Street SW  
Atlanta, GA 30303

**RE:** AMH 2014-1 Borrower, LLC ISAOA v. Catherine Smith, Dwight Smith, and All Others  
Civil Action No.: 21ED180660  
Property Address: 480 Leasingham Way, Johns Creek, GA 30097

Dear Ms. Robinson:

On April 9, 2021, an Answer was filed on behalf of the Defendant in this case. Based on correspondence with the clerk of the Magistrate Court we are currently waiting for a hearing date to be scheduled. We request this matter be added to the next available hearing calendar.

Please feel free to contact me at (678) 812-3677 if I can be of assistance in expediting this matter.

Respectfully,

/s/ Nicole Campbell  
Attorney for Plaintiff

cc: file



# EXHIBIT 10

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION**

AMH 2014-1 BORROWER, LLC )  
ISAOA, )

Plaintiff, )

v. )

CATHERINE SMITH, DWIGHT )  
SMITH, and ALL OTHERS, )

Defendants. )

**CIVIL ACTION FILE NO.**  
**1:22-cv-0536-SEG**

**PLAINTIFF AMH 2014-1 BORROWER, LLC ISAOA’S MOTION TO  
COMPEL PAYMENT OF RENT WITH INCORPORATED BRIEF IN  
SUPPORT**

COMES NOW, Plaintiff AMH 2014-1 BORROWER, LLC ISAOA (hereinafter “Plaintiff”) in the above-referenced action, by and through undersigned counsel, and files this Plaintiff AMH 2014-1 Borrower LLC ISAOA’s Motion to Compel Payment of Rent with Incorporated Brief in Support, pursuant to O.C.G.A. § 44-7-54 and respectfully shows the Court as follows:

**PROCEDURAL HISTORY**

1.

On April 2, 2021, Plaintiff filed a dispossessory action in the Magistrate Court of Fulton County, Case Number 21ED180660 (“Magistrate Action”), against Defendants Catherine Smith, Dwight Smith (collectively, “Defendants”), and All

Others concerning their tenancy at the property located at 480 Leasingham Way, Johns Creek, Georgia 30097 (“Property”).

2.

The Complaint in the Magistrate Action sought possession of the Property and cited Defendants remaining in the Property beyond the lease term<sup>1</sup>, Defendant’s criminal activity, and complaints of “offensive, noisy, and/or dangerous environment.”

3.

On April 9, 2021, Defendants filed their Dispossessory Answer, bringing a counterclaim against Plaintiff in the amount of \$10,000.00 for “wrongful termination of lease” (“Answer”).

4.

A hearing was scheduled in the Magistrate Action on February 22, 2022 (“Magistrate Hearing”); however, prior to the Magistrate Hearing, on February 8, 2022, Defendants filed a Notice of Removal to the United States District Court, citing “violations against the civil and constitutional rights of the defendants” initiating the instant action.

---

<sup>1</sup> Defendants Lease, executed on December 31, 2020 (“Lease”), was terminated on March 3, 2021, by and through a Notice to Vacate sent in compliance with the Lease citing prohibited activity disallowed by Section 12 of the Rule and Regulation Addendum of the Lease, including, but not limited to, the harassment of neighbors.



5.

Judge Justin S. Anand, of Magistrate Court of Fulton County (“Magistrate Court”), filed his Final Report and Recommendation with this Court on March 30, 2022, recommending that the case be remanded back to the Magistrate Court.

6.

On June 16, 2022, this Court filed an Order adopting the Final Report and Recommendation and ordered the case to be remanded to the Magistrate Court.

7.

On June 22, 2022, Defendants appealed the case to the United States Court of Appeals, Case Number 22-12168 (“Appeal Action”). The Appeal Action is active and ongoing.

8.

The Defendants have continued to occupy the Property throughout the various legal proceedings referenced herein.

9.

To date, and since the filing of the Magistrate Action, Defendants have paid no rent to Plaintiff.

10.

A true and correct copy of the Declaration of Lela Ray is attached hereto as **Exhibit “A”** and incorporated herein by reference.

11.

As declared in Exhibit A, Defendants currently owe \$92,274.53 to Plaintiff, representing rent, late fees, utilities, and other miscellaneous fees since April 2021. More specifically, Defendants have not paid any rent, utilities, etc. since March 2021. (*See* Exhibit A, ¶ 5, Ex. 1).

#### **ARGUMENT**

Pursuant to O.C.G.A. § 44-7-54 and O.C.G.A. § 44-7-56, Plaintiff is entitled rent from Defendants through the date of any hearing on this matter. O.C.G.A. § 44-7-54 requires the Defendants to pay all rent and utilities which are the responsibility of the tenant under terms of the lease into the registry of the Court for any case where the right of possession cannot be finally determined within two (2) weeks from the date of service of the copy of the summons and the copy of the affidavit. Defendants should be required to pay fair market rental value for the Property through the date of the final ruling on the above-captioned matter. Plaintiff respectfully requests that this Court enter an Order requiring Defendants to pay, instantner, all back-due rent which can be established in a hearing. Plaintiff further requests that, should

Defendants not comply with any court order requiring the payment of said rental value for the aforesaid timeframe, or whatever other amount and time period that this Court deems just and equitable under the circumstances, that Plaintiff be awarded an immediate Writ of Possession for the Property upon application to this Court of such notice of nonpayment of rent.

O.C.G.A. § 44-7-56 provides that, pending an appeal the trial court may require payment of rent into the registry of the court. The requirement to pay rent pursuant to O.C.G.A. § 44-7-54 is procedural only and does not affect any substantive rights. Bellamy v. F.D.I.C., 236 Ga. App. 747, 752-53, 512 S.E.2d 671, 676-77 (1999). See also Cornelius v. Finley, 202 Ga. App. 192, 193, 413 S.E.2d 491, 493 (1991) (when Magistrate Court recognizes that a case should be transferred to superior court, it is nevertheless correct and proper for the Magistrate Court judge to order the payment of rent pursuant to O.C.G.A. § 44-7-54).

The Eleventh Circuit has recognized that O.C.G.A. § 44-7-56 is binding in federal court. See Collier v. Conway, 672 F. App'x 950, 952 (11th Cir. 2016); Horne v. Ameris Bank, No. 1:22-CV-2462-SEG-JSA, 2023 WL 2908855, at \*18 (N.D. Ga. Jan. 11, 2023), report and recommendation adopted, No. 1:22-CV-2462-SEG-JSA, 2023 WL 2908838 (N.D. Ga. Feb. 13, 2023). Given that Defendants appear to dispute the entirety of the amounts owed, Plaintiff will be paid nothing until the case



is resolved on appeal. 1163 W. Peachtree St. Apartments Invs., LLC v. Einstein & Noah Corp., No. 1:21-CV-0219-TWT-WEJ, 2021 WL 2176928, at \*5 (N.D. Ga. Apr. 30, 2021), report and recommendation adopted, No. 1:21-CV-219-TWT, 2021 WL 2890776 (N.D. Ga. May 19, 2021). At the same time, Plaintiff is offered a level of protection in the event that Defendants do not prevail on appeal.

Plaintiff moves, pursuant to O.C.G.A. § 44-7-54 and O.C.G.A. § 44-7-56, that Defendants be ordered to pay back rent into the Registry of the Court, which has accrued since April 2021 to the present, and that Defendants be ordered to continue to pay rent into the Registry of the Court until such time as the instant action is remanded to the Fulton County Magistrate Court. O.C.G.A. § 44-7-54 provides, in relevant part, that “[i]n any case where the issue of the right of possession cannot be finally determined within two weeks from the date of service of the copy of the summons and the copy of the affidavit, the tenant shall be required to pay into the registry of the trial court.”

**WHEREFORE**, Plaintiff AMH 2014-1 Borrower, LLC, ISAOA, respectfully prays that this Court grant Plaintiff AMH 2014-1 Borrower LLC ISAOA’s Motion to Compel Payment of Rent with Incorporated Brief in Support, and order that Defendants are to pay back rent into the Registry of the Court, *instante*, and that Defendants pay rent into the Registry of the Court month-to-

month until such date as this case is remanded to the Magistrate Court of Fulton County;

Submitted this September 1, 2023.

**O'KELLEY & SOROHAN,  
ATTORNEYS AT LAW, LLC**

/s/ Joseph P. Farrell

Joseph P. Farrell

Georgia Bar No. 255864

*Attorneys for Plaintiff AMH 2014*

*Borrower, LLC ISAOA*

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**CERTIFICATE OF SERVICE**

I hereby certify that on September 1, 2023, I served the following parties by electronically filing the foregoing PLAINTIFF'S MOTION TO DISMISS FOR LACK OF JURISDICTION AND INCORPORATED MEMORANDUM OF LAW using the CM/ECF system and served via First Class United States mail, in a properly addressed envelope and with adequate postage to the following:

Dwight Smith  
3651 Peachtree Pkwy, Suite E, #372  
Suwanee, GA 30024  
PRO SE

***Also via email:***

DwightHLsmith@yahoo.com

Catherine Smith  
3651 Peachtree Pkwy, Suite E , #372  
Suwanee, GA 30024  
PRO SE

***Also via email:***

DwightHLsmith@yahoo.com

Submitted this September 1, 2023.

**O'KELLEY & SOROHAN,  
ATTORNEYS AT LAW, LLC**

/s/ Joseph P. Farrell

Joseph P. Farrell

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EXHIBIT PG 8



# EXHIBIT 11

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION

AMH 2014-1 BORROWER, LLC  
ISAOA,

Plaintiff,

v.

CATHERINE SMITH, DWIGHT  
SMITH, and All Others,

Defendants.

CIVIL ACTION NO.

1:22-CV-0536-SEG


**ORDER**

On June 16, 2022, the Court entered an order remanding this case to the Magistrate Court of Fulton County. (Doc. 11.) Defendants appealed (Doc. 14), and on September 1, 2023, Plaintiff filed a motion to compel payment of rent into the registry of the Court during pendency of the appeal (Doc. 21).

The Eleventh Circuit issued an opinion on September 15, 2023, dismissing the appeal for lack of jurisdiction. (Doc. 22.) The mandate was issued on October 16, 2023. (Doc. 23.)

The appeal having been dismissed, Plaintiff's motion to compel payment of rent is DEEMED MOOT.

**SO ORDERED** this 17<sup>th</sup> day of October, 2023.

  
SARAH E. GERAGHTY  
United States District Judge!